

Patients' and Parents' Perceptions of their Role in the Assessment of Nursing Students' Pediatric  
Clinical Practice

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**ABSTRACT**

**Background and objective:** Patients' and parents' involvement in nursing students' pediatric clinical practice assessment is informal. This study explored patients' and parents' perceptions of their role in students' formative assessment.

**Approach:** Interviews were conducted with patients and parents admitted at the study setting who received care from a nursing student. They were transcribed verbatim. Data was analyzed using a qualitative content analysis while Lincoln and Guba's criteria of rigor and trustworthiness were upheld.

**Findings:** Three categories emerged from the data: 1) Patients' and parents' current involvement in the assessment of nursing students' pediatric clinical practice; 2) How they would like to be involved; and 3) The benefits and challenges of their involvement.

**Conclusion:** This study has provided an understanding of patients' and parents' past encounters with nursing students, the elements of care that they would want to assess, and their perceived benefits and challenges of their involvement.

## RÉSUMÉ

**Mise en contexte et objectif :** La participation des patients et des parents dans l'évaluation de la pratique pédiatrique clinique des étudiantes infirmières est présentement informelle. Cette étude avait pour but d'explorer les perceptions des patients et des parents quant à leur rôle dans l'évaluation formative des étudiantes.

**Approche :** Des entrevues ont été menées auprès des patients et des parents qui étaient admis au site de l'étude et qui ont reçus des soins des étudiantes infirmières. Elles ont été transcrites verbatim. Les données ont été analysées utilisant une analyse qualitative de contenu, tout en maintenant les critères de rigueur et de fiabilité de Lincoln et Guba.

**Résultats :** Trois catégories ressortent des données : 1) la participation actuelle des patients et des parents dans l'évaluation clinique pédiatrique des étudiantes infirmières; 2) comment ils aimeraient participer; et 3) les avantages et les défis de leur participation.

**Conclusion :** Cette étude a permis de comprendre les expériences antérieures des patients et des parents avec les étudiantes infirmières, les éléments de soins qu'ils voudraient évaluer, ainsi que les avantages et les défis perçus de leur participation.

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**GLOSSARY OF TERMS**

**Family-centered care:** Family-centered care is “a way of caring for children and their families within health services which ensures that care is planned around the whole family, not just the individual child/person and in which all the family members are recognised as care recipients” (Shields, Pratt, & Hunter, 2006, p. 1318).

**Student clinical practice assessment:** The process in which information on competencies from many and diverse sources is gathered and analyzed with the goal of measuring a clinician’s competence or performance while comparing it to defined criteria (Royal College of Physicians and Surgeons of Canada, 2018).

**College of Nurses of Ontario’s Entrance to Practice Competencies:** A pre-set list of criteria against which entry-level Registered Nurses are measured when they apply for registration with the CNO and entry to practice in Ontario for the first time (CNO, 2014b).

**Patient involvement:** a set of actions or behaviors used by patients to support their health and to allow them to benefit from their healthcare (Center for Advancing Health, 2016).

**Undergraduate or Baccalaureate Nursing student:** “An individual enrolled in a baccalaureate nursing program from an accredited educational institution who is acquiring new clinical competencies in a practice setting” (Canadian Nurses Association, 2004; RNAO, 2016, p. 6).

**Nursing clinical instructor:** “The teacher, expert, or specialist who gives practical nursing experience and training to a student within a clinical practice setting and who has achieved at least the novice-level competencies required by the participant” (CNA, 2004; RNAO, 2016, p. 6).

**Student engagement:** the physical and psychological expenditure that students devote to their academic experience (Astin, 1985)

## **CHAPTER 1: INTRODUCTION & RESEARCH PROBLEM**

Patients' involvement in shaping current and future healthcare provision should be central in decision-making within healthcare and academic institutions (Casey & Clark, 2014). Such involvement can include patients' and parents' feedback of the clinical practice of healthcare professionals; an important component to understanding the experiences, needs, preferences, and values of patients and parents in healthcare (Casey & Clark, 2014; Suikkala, Koskinen, & Leino-Kilpi, 2018). In the context of this study, the term 'parent' will encompass 'parent', 'caregiver', and 'family'. Patients' feedback of their assessment of all healthcare professionals' skills has many benefits for healthcare professionals, such as improved communication skills, improved clinical reasoning, and the delivery of individualized patient care (Towle et al., 2010; Towle et al., 2016). More specifically to nursing, there is currently a need for patients and parents to be engaged in nursing education and in the assessment of nursing students' clinical practice to further understand the associated benefits and challenges of their feedback (Casey & Clark, 2014).

### **1.1 Clinical student assessment**

The current literature indicates that patients and parents have been deemed by nursing students and nursing lecturers as equipped to assess the soft skills of nursing students, however, there remains concern as to their capability to assess nursing students' technical skills because of their lack of knowledge and expertise in nursing practice (Haycock-Stuart, Donaghy, & Darbyshire, 2016). The term 'assessment', as defined by the Royal College of Physicians and Surgeons of Canada (2018), refers to the process in which information on competencies in a clinical setting from many and diverse sources is gathered and analyzed with the goal of measuring a clinician's competence or performance while comparing it to defined criteria.

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The role of assessment is no longer seen as a means to simply assess students on a pre-set list of criteria leading the assessor to make a judgement, such as a grade or a 'pass or fail' (Archer, 2010). Facilitating continuous learning via the process of assessment leading to feedback, whether it be a verbal or written score and/or comment, while also providing opportunities for improvement have been integrated into the assessment of students in clinical settings (Archer, 2010). This has resulted in a shift of focus from summative assessments to continuous and frequent formative assessments (Rauf, Shamim, Aly, Chundrigar, & Alam, 2014). The intent of summative assessments is to judge the overall competence, clinical practice, and qualifications of the student to progress in their education within a clinical setting (Epstein, 2007). Whereas the intent of formative assessments is to continuously recognize the student's progress within a clinical setting and to respond accordingly with the goal of enhancing their learning as they progress (Bell & Cowie, 2001). For the purposes of this thesis, I will only be focusing on formative assessments by patients and parents of the clinical practice of nursing students within a pediatric care setting. Nursing students are University students enrolled in the Baccalaureate of Science in Nursing program. Because they are to work collaboratively within an interdisciplinary team as future healthcare professionals, they are educated and practice being integral members of the healthcare team during their clinical placements (Macdonnell, Rege, Misto, Dollase, & George, 2012). Nursing students are in groups of six to eight students per hospital unit and are supervised by a clinical instructor. The clinical instructor is a Registered Nurse who is an expert in clinical nursing education, hired by the academic or health institution.

## **1.2 Patients' and parents' informal involvement in the assessment of nursing students' clinical practice**

Patients and parents who are admitted to a pediatric teaching hospital in Ontario, Canada, appear to be involved in the assessment of nursing students' pediatric clinical practice which leads to feedback informally and on an ad hoc basis (i.e. solicited and/or unsolicited general comments on their experience of receiving care from a nursing student). Their clinical instructor may then integrate this informal feedback in the formative assessment of nursing students. Studies have demonstrated the positive contributions that patients' feedback can bring to the assessment process of nursing students' clinical practice, such as learning opportunities for students, improvements in care standards, and patient empowerment (Calcutta-Butler & Galvin, 2003; Debyser, Grypdonck, Defloor, & Verhaeghe, 2011; Norman, Watson, Murrells, Calman, & Redfern, 2002; Speers, 2008; Stickley et al., 2010 & 2011). Given these benefits, the involvement of patients in student nursing education has been recommended and cited by many authors (Debyser et al., 2011; Forrest, Risk, Masters, & Brown, 2000; Gutteridge & Dobbins, 2010; Rush, 2008; Schneebeli, O'Brien, Lampshire, & Hamer, 2010; Suikkala et al., 2018; Warne & McAndrew, 2007). At an academic level, patients' feedback of their formative assessment of nursing students can influence the content of nursing education programs and teaching materials, thus bringing change to curricula (Coleman & Murray, 2002; Dinsdale, 1999; Forrest et al., 2000). At a clinical level, patients' feedback of their formative assessments of nursing students' clinical practice are valuable when looking to capture a more complete student assessment portfolio (Casey & Clark, 2014). There are, however, challenges associated to patients' and parents' involvement in the assessment of nursing students' clinical practice (Casey & Clark, 2014; Haycock-Stuart et al., 2016; Suikkala et al., 2018). These include power imbalances within the therapeutic relationship, concern of the

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quality of patient feedback on their assessment of students' clinical practice, and patient tokenism (Casey & Clark, 2014; Haycock-Stuart et al., 2016). Further, understanding patients' needs in terms of support to obtain meaningful feedback remains a challenge because of the paucity of knowledge regarding this (Casey & Clark, 2014).

Although there are challenges associated to patient and parent involvement in the assessment of nursing students' clinical practice, as the recipients of care, patients and parents are the sole individuals who are in a position to provide a unique insight of their interactions with nursing students (Casey & Clark, 2014). Their involvement in the assessment of nursing students' clinical practice offers students diverse ways of reflecting on their clinical practice (Casey & Clark, 2014). Knowing the patients' and parents' experience of care allows nursing students to complete a self-evaluation, which accounts for the needs and experiences of the recipients of their care (Casey & Clark, 2014). The development of such self-awareness is in keeping with the College of Nurses of Ontario's (CNO) standards for nursing students to learn from their clinical practice (CNO, 2014a).

### **1.3 Research problem**

There is a lack of empirical knowledge on the benefits and challenges of involving patients and parents in the assessment of nursing students' clinical practice at large (Casey & Clark, 2014; Suikkala et al., 2018) and an absence of such knowledge on their involvement in a pediatric care setting. So far, only two studies have explored explicitly parent involvement in pediatric nursing education (Price, 2004; Rhodes, 2013). These studies explored nursing students' perspectives of involving parents in pediatric nursing classroom teaching. However, studies have not yet been conducted to explore patients' and parents' involvement in the formative assessment of nursing students' pediatric clinical practice.

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### **1.4 Study objective**

Given the paucity of literature, the objective of this study was to explore patients' and parents' perceptions of their role in the formative assessment of nursing students' pediatric clinical practice.

### **1.5 Research questions**

This study attempted to answer the following research questions: a) How are patients and parents currently involved in the formative assessment of nursing students' pediatric clinical practice; b) How would patients and parents like to be involved in the formative assessment of nursing students' pediatric clinical practice; and c) What are the potential benefits and challenges of involving patients and parents in the formative assessment of nursing students' pediatric clinical practice.

### **1.6 Study purpose**

This study explored whether or not patients and parents are in fact involved in nursing students' clinical practice assessments in a pediatric care context, and in what capacity. In doing so, this study aimed to contribute to the limited empirical knowledge that currently exists regarding the perceived benefits and challenges of patient and parent involvement in the assessment and education processes of nursing students. Such knowledge could potentially facilitate the future involvement of patients and parents in the formative assessment of nursing students' pediatric clinical practice while enhancing the perceived benefits and mitigating the perceived challenges for patients, parents, and nursing students, allowing for an enriched pediatric care experience.

### **1.7 Thesis outline**

This study was the qualitative portion of an explanatory sequential mixed methods study, which focused on the perceived roles of patients and parents in the assessment of nursing students'

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pediatric clinical practice. In the second chapter, I will present the findings of a scientific literature review, the gaps in the literature, the conceptual framework, and the relevance of this study to the nursing discipline. In the third chapter, I will inform the reader of my paradigmatic stance and the methodology that I employed to conduct this study. In chapters four and five, I will present the study's findings and the discussion. Finally, I will conclude by summarizing this study; I will attempt to highlight future areas of study.

## CHAPTER 2: SCIENTIFIC LITERATURE REVIEW

In this chapter, I will present a review of the literature as it relates to patients' and parents' involvement in the education and in the clinical assessment of healthcare professionals and prospective healthcare professionals (i.e. students). I will first present the search strategy that was employed in the review of the scientific and the grey literature for the purposes of this study. I will then outline the results of the literature review as it pertains to: a) patient involvement in the education of future healthcare professionals; b) patient and parent involvement in nursing clinical and classroom teaching; c) patient and parent involvement in the assessment of nursing students' clinical practice; and d) parent involvement in the assessment of pediatric physicians', medical students', and residents' clinical practice. Following this review, I will present the gaps in the empirical knowledge as well as a conceptual framework. Finally, I will discuss the relevance of the involvement of patients and parents in the assessment of nursing students' pediatric clinical practice to the nursing discipline.

### 2.1 Literature review search strategy

For the purposes of this study, I conducted a review of the pertinent literature as it pertains to the involvement of patients and/or parents in the education and/or the assessment of healthcare professionals and prospective healthcare professionals, specifically as it relates to that of nursing education and nursing students. I first consulted with expert professionals in the fields of medical education and family-centered care (FCC) who provided me with a relevant list of references and articles to consult. After consulting these articles, I conducted a literature review in the following databases for peer-reviewed articles up until 2019: CINAHL, Ovid MEDLINE, PsychINFO, and the Nursing and Allied Health Database. I used the following keywords to conduct this literature review: *family-centered care, parents, patients, stakeholders of care, clients, service users, nursing*

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*students, learners, student nurses, student assessment, student learning, nursing education, involvement, engagement, participation, integration, users and carers, formative assessment, and summative assessment*, separately or combined. The theoretical and empirical knowledge is very limited in the scientific and grey literature on the involvement of patients and parents in the assessment of nursing students, specifically in a pediatric care setting. Therefore, I considered all relevant French and English articles when conducting this literature review, regardless of their year of publication, in order to understand the research problem. In my review of the grey literature, I used Google and Google Scholar to search for the current guidelines, policies, and protocols in Canada, the United States, and the United Kingdom for involving patients and parents in the education and the clinical practice assessment of nursing students. I have included 80 articles from the scientific literature and nine sources from the grey literature in this review.

### **2.2 Patient involvement in the education of future healthcare professionals**

The involvement of patients in the education of healthcare professionals began in such professions as medicine, nursing, social work, and multi-professional educational programs, and primarily involves classroom teaching, storytelling, curriculum development, and assisting institutions in decision-making (Cairney et al., 2006; Jha, Quinton, Bekker, & Roberts, 2009; Suikkala et al., 2018; Towle et al., 2010; Repper & Breeze, 2007; Robinson & Webber, 2013; Warne & McAndrew, 2005; Wykurz & Kelly, 2002). In the literature, the term patient 'involvement' is used interchangeably with 'engagement', 'collaboration', 'participation', and 'cooperation' (Towle et al., 2010). There are many definitions available to define patient involvement; the Center for Advancing Health (2016) defines this as a set of actions or behaviors used by patients to support their health and to allow them to benefit from their healthcare. I have adhered to this definition for the purposes of this thesis.

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Lauckner, Shelley, and Sandy (2012) conducted a qualitative study using semi-structured focus group discussions and individual interviews to collect data from adult patients (n=30) who were involved in The Dalhousie Health Mentors Program (DHMP) to identify the positive and negative elements which contributed to their experience in participating in the DHMP. This program offers students from 18 different health professions at the University of Dalhousie the opportunity to develop their interprofessional collaboration skills when working in a patient-centered care setting (Lauckner et al., 2012). Patients who were involved in the DHMP shared their experiences within healthcare in a retrospective manner with a group of students over three to four meetings (Lauckner et al., 2012). This study found that patients gain both social and therapeutic benefits when sharing stories of their experiences in healthcare with students and that this leads to self-reflection (Lauckner et al., 2012).

Benefits reported for students in a phenomenological descriptive study conducted by Gidman (2013) in which the author employed in-depth, conversational interviews with nursing students (n=6), midwifery students (n=3), and social work students (n=3), to explore students' perceptions of patients' involvement in their clinical education, found that patients' storytelling is a valuable strategy to enhance students' learning in clinical practice (Gidman, 2013). This study, which explored the impacts of patient involvement via storytelling on student learning, reported positive effects such as enhanced communication skills and learning how to establish and enhance the patient therapeutic relationship (Gidman, 2013). Storytelling as a method of teaching is well recognized within professional academic institutions because of the attributed personal gains and tacit knowledge acquired (Gidman, 2013). This method is, however, informally implemented and lacks structure (Gidman, 2013). Students are therefore accessing this rich source of information

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from patients without this method of learning being actively facilitated by their academic institution (Gidman, 2013).

Frank (1997) highlighted the benefit of storytelling for patients when he stated that “the content that illness stories offer is valuable for a variety of purposes: for the teller’s reordering of her life story, as guidance to others who follow, and to provide caregivers with an understanding of what the ill experience” (p. 140). In this statement, it is clear that by means of storytelling, patients can reprocess their past medical encounters while gaining perspective and hope for their future encounters in healthcare (Frank, 1997; Lauckner et al., 2012). The study conducted by Lauckner et al., which was described above, found that storytelling cultivates patient empowerment in healthcare. Furthermore, the patient participants spoke about the positive impact of reframing the negative aspects of their illness into a positive contribution for others (Lauckner et al., 2012). For example, the patient participants of this study reported feeling positively about their contribution to the students’ education by means of their storytelling (Lauckner et al., 2012). Lastly, patients spoke about the greater impact that these contributions could have in the healthcare system, hoping that by mentoring future healthcare professionals, they will improve the quality of the services delivered (Lauckner et al., 2012). Haigh and Hardy (2010), who conducted a search of the grey literature from which 41 articles were retained primarily on the concepts of stories, storytelling, education, healthcare, and nurse education, support this belief. These authors have argued that storytelling can promote healthy behaviors among marginalized people, that it can aid in developing organizational and professional identity, and that it can provide insight for healthcare professionals and students of patients’ experiences within healthcare (Haigh & Hardy, 2010).

When sharing personal and difficult stories, patients reported the concept of vulnerability as being a negative aspect of their experience in this same study conducted by Lauckner et al.

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(2012). The feeling of vulnerability increased when the meetings with the students were held in public spaces, leading patients to feel that their confidentiality was possibly being breached (Lauckner et al., 2012). It was also found that the level of student engagement during the meetings weighed heavily on whether the experience was felt to be positive or negative by the patient (Lauckner et al., 2012). Astin (1985), who created a conceptual framework to explain the level of student engagement within a given academic discipline, defines student engagement as both the physical and psychological expenditure that students devote to their academic experience. The patient participants in the study conducted by Lauckner et al., described above, found it important that the students seemed interested, engaged, and were learning something valuable during the meetings. On the other hand, patients felt that the experience was negative when students demonstrated disinterest or a lack of engagement during the meetings (Lauckner et al., 2012). The patients also reported that they felt that these same students would be more likely to reproduce the imbalanced power relations already experienced by many of them within the healthcare system (Lauckner et al., 2012).

Popkess and McDaniel (2011) conducted a quantitative study using a descriptive correlational design among junior nursing students (n=500), senior nursing students (n=500), and using a random sample of existing data (n=3000) from the Indiana University Centre for Postsecondary Research to measure nursing student engagement in University compulsory activities (i.e. collaborative learning and community-based projects) with the intention of supporting the development of teaching interventions to improve student learning outcomes. The results of this study concluded that Baccalaureate nursing students demonstrated lower scores in active and collaborative learning (Popkess & McDaniel, 2011), which supports the experiences of the patients who participated in the study conducted by Lauckner et al. (2012). In fact, when

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comparing data using a 2-tailed t-Test between junior and senior nursing students on engagement benchmarks, junior students scored significantly lower ( $p = .000$ ) than the senior students (Popkess & McDaniel, 2011). The authors identified that educators in Schools of Nursing continuing to use traditional teacher-centered methods of teaching as a potential reason (Popkess & McDaniel, 2011). These traditional methods were not found to encourage the active and collaborative participation of nursing students within and outside of the classroom (Popkess & McDaniel, 2011).

### **2.3 Patient and parent involvement in nursing clinical and classroom teaching**

Blaylock, Mcdaniel, and Campbell (2000) conducted a qualitative study for which they employed a snowball recruitment method to recruit parents ( $n=14$ ) of pediatric patients with disabilities to participate in a focus group with the aim of understanding the ways in which patients and parents can successfully be involved in the education of healthcare professionals. These authors found that patients' and parents' current role in nursing education most commonly involves classroom teaching as they are being considered 'faculty members' by some professors and nursing students in nursing programs at the University level (Blaylock et al., 2000). Their responsibilities within classroom teaching range from storytelling, to teaching a course module, and to being a co-instructor of a course in its entirety (Blaylock et al., 2000). Moreover, patients and parents are given space within nursing education to help in defining resources, research programs, and having a hand in school-led projects (i.e. seeking funding, education needs, and recruitment) (Blaylock et al., 2000). Such initiatives come full circle to benefit patients and parents in healthcare as Schools of Nursing educate student nurses with teaching material developed by patients and parents (Blaylock et al., 2000).

When looking at the involvement of patients in nursing education at large, whether it be among nurses or nursing students, there is a common concern about the potential for exploiting

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patients for educational purposes (Forrest et al., 2000). This concern was a finding of a qualitative study conducted by Forrest et al. (2000) for which the authors held semi-structured focus groups with patients (n=34) to collect data regarding their views of the knowledge, skills, and attributes that they considered essential for psychiatric nurses to possess with the aim of influencing the nursing curriculum to promote these attributes. According to Jacobson (2002) who wrote a discussion article about his conversations over a two year period with nursing students, nurses, and healthcare professionals (n=unspecified) regarding professional boundaries and boundary violations, it is the responsibility of the academic institution to ensure that nursing students are equipped to avoid the exploitation of patients while reaping the educational benefits of patient involvement in nursing education.

Patients and parents may experience strong emotions when discussing their experiences of care in a learning context (Frisby, 2001). A regular debriefing process lead by the educator is recommended to support patients and parents and to promote a healthy educational environment (Frisby, 2001). For example, Price (2004) discussed a new teaching strategy that she had implemented in her nursing lectures, which involved inviting parents of pediatric oncology patients to speak about the psychological and sociological needs of the patient and the parents throughout the illness. In this article, Price (2004) listed the essential elements that a suitable parent should meet before participating in classroom teaching. These were that the patient must be presently well, the parent must have been fully informed of what would take place and they must be fully willing to participate, the parent must have the confidence to speak about a personal and difficult experience with a group of students, and there must be a good existing relationship between the lecturer and the parent (Price, 2004). Price (2004) described having a regular debriefing session

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with the parent following the lecture to discuss the parent's experience of speaking of their child's illness and to address any difficult emotions or concerns.

Students benefit greatly from the involvement of patients and parents in classroom and clinical teaching (Rush, 2008). The involvement of patients in nursing students' education encourages students to develop a clinical practice based in self-reflection and empathy (Rush, 2008). This transformative learning is acquired through engagement with the stakeholders of care, in discussion, and through independent thinking (Blackhall, Schafer, Kent, & Nightingale, 2012). The professionally enriching experience of exposure to the experiences of patients through patient storytelling ensures a higher quality of the nursing curriculum and a richer learning experience for the students (Poulton, 1999; Rush, 2008; Simpson, Reynolds, & Light, 2008). Storytelling therefore encourages active learning for students rather than the mere transmission of knowledge (Moon & Fowler, 2008). Price (2004) reported that 100% of the students (n=35) felt the parent's lecture was useful and that it made the theory more real. Price (2004) therefore stipulated that this method of teaching is more thought provoking and that students gain greater insight by means of parent's storytelling than they do by reading a textbook.

A single case study (n=1 nursing student) conducted by Rhodes (2013) aimed to investigate the impact of patient involvement in nursing education in relation to student learning and practice using a narrative inquiry approach. Six central themes were identified. In the theme of *authenticity*, the participant reported that patient involvement helped her to learn what cannot be learned from a textbook which, to this, the author provided her own insight stating that authenticity results in meaningful and memorable learning (Rhodes, 2013). In the second theme, *knowledge of self*, the participant spoke about getting to know herself by being able to identify and distinguish when she was emotionally connected to the patient on a personal or a professional level (Rhodes, 2013). The

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author's interpretation of this theme was that it would be preferable to provide students with the opportunity to better understand their reactions to patient situations in a safe learning environment rather than in practice (Rhodes, 2013). The third theme, *resilience and coping*, described how the participant learned how to adapt coping strategies, such as detachment, when dealing with difficult situations in practice (Rhodes, 2013). *Professional relationships* was the fourth theme identified in which the participant spoke about how she learned to develop appropriate relationships with parents and pediatric patients in clinical practice by understanding the difference between a personal and a professional relationship with patients who were involved in her nursing education (Rhodes, 2013). The fifth theme, *putting patients at the center of care*, describes how the involvement of patients in nursing education allowed the participant to "see the other side" and to empathize with patients and their parents (Rhodes, 2013). Finally, in the sixth theme, *influence on practice*, the participant spoke about how her experience with patients in nursing education allowed her to build stronger therapeutic relationships in practice, putting the pediatric patient and the parents at the center of her care (Rhodes, 2013). In this study, Rhodes (2013) highlights the similarities between the findings of involving patients in nursing student education and the model of FCC, stating that it is important to nurture these by facilitating student's learning on the "fundamental values and principles of care" (p. 305).

### **2.4 Patient and parent involvement in the assessment of nursing students' clinical practice**

Parallel to classroom education, the space given to patients and parents at the clinical level is beneficial for the teaching and assessment of nursing students. A published literature review on patient involvement in the assessment of nursing students completing a clinical placement by Casey & Clark (2014) who retrieved 105 articles and reviewed 11 of these following appraisal, found that the uncommon, ad hoc formative feedback of an assessment received from patients and

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parents on nursing students' clinical practice is effective and helpful in their education (Casey & Clark, 2014). Debyser et al. (2011) conducted a qualitative exploratory study with patients (n=7), nursing students (n=4), nurses (n=2), and clinical instructors (n=2) using semi-structured interviews to explore the feasibility of psychiatric patient involvement in providing feedback of their assessment of nursing students' clinical practice. The findings of this study reported that patients feel that having a forum created for them to express their perceptions and needs in healthcare resulted in them feeling recognized, valued, and heard (Debyser et al., 2011). Furthermore, patients reported having a higher self-esteem and confidence following the inquiry (Debyser et al., 2011). The active involvement of patients in the clinical education of nursing students, such as feedback of their assessment, can therefore play an important role in patient empowerment and provides an opportunity for patients to influence the clinical practice of future nurses (Suikkala et al., 2018).

Suikkala et al. (2018) conducted a scoping review on patients' involvement in nursing students' clinical education. The aim of the scoping review was to review and summarize the existing scientific literature as it pertains to patients' involvement in the clinical education of nursing students, particularly focusing on patients' perspectives of their involvement in a clinical setting (Suikkala et al., 2018). The authors first identified 3594 articles in the searched scientific databases (CINAHL, PsychINFO, and ERIC) and 127 articles met their inclusion/exclusion criteria when conducting the title and abstract screening. Following a revision of the 127 articles, 32 articles were retained, reviewed, and reported on (Suikkala et al., 2018). According to this review, patient involvement in the clinical teaching of nursing students and in the assessment of students' clinical practice is limited and passive (Suikkala et al., 2018). Patients' involvement in the clinical education of nursing students is dependent on their perspectives of students'

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demographics and clinical competence, their self-perception and initiative to be engaged, as well as the clinical context (i.e. emphasis on caring and learning) (Suikkala et al., 2018). The results of this review can be divided into three themes: a) patients as active participants; b) patients as followers of care and advice; and c) patients as learning platforms with whom students practice their skills (Suikkala et al., 2018).

When patients are active participants in nursing clinical education, contributing to their own care and decision-making, they contribute to students' learning of relational reciprocity (Manninen, Henriksson, Scheja, & Silen, 2014; Stockhausen, 2009; Suikkala & Leino-Kilpi, 2005). This is enriching for both patients and nursing students as it promotes the therapeutic relationship as well as strong initiative in the students' learning (Austria, Baraki, & Doig, 2013; Barksby, 2014; Eskilsson et al., 2015; Freed, McLaughlin, SmithBattle, Leanders, & Westhus, 2010; Manninen et al., 2014; Mossop & Wilkinson, 2006; Reitmaier et al., 2015; Stickley et al., 2010; Stockhausen, 2009; Suikkala & Leino-Kilpi, 2005; Twinn, 1995; Walton & Blossom, 2013). When patients feel that their role within the nursing student-patient relationship is to be a follower of care and advice, they comply with nursing students' care with minimal involvement (Eskilsson et al., 2015; Freed et al., 2010; Manninen et al., 2014; Middleton & Uys, 2009; Mossop & Wilkinson, 2006; Richards, 1993; Stockhausen, 2009; Suikkala, Leino-Kilpi, & Katajisto, 2008; Suikkala & Leino-Kilpi, 2005). This is explained by the patients' ideology that the students' primary focus of providing care is to plan and meet the patients' needs (i.e. nursing care and patient education), in which case patients assume a passive role as the recipient of care rather than an active participant in care (Andresen & McDermott, 1992; Manninen et al., 2014; Mehta & Singh, 2005; Middleton & Uys, 2009; Stockhausen, 2009; Suikkala & Leino-Kilpi, 2005). This passive role can further be explained by patients' self-perception of being a learning platform for students

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to practice their skills (Suikkala et al., 2018). In this capacity, patients view their role within the nursing student-patient relationship as being a participant in students' learning by allowing students to practice their skills with them (Austria et al., 2013; Barksby, 2014; Eskilsson et al., 2015; Manninen et al., 2014; Rutherford, 2011; Suikkala & Leino-Kilpi, 2005; Suikkala et al., 2008, 2009; Stockhausen, 2009; Twinn, 1995).

Casey and Clark (2014) explored the complexities and the challenges of involving patients and parents in the assessment of nursing students' clinical practice. The authors of this study, which is described above, stated that the involvement of patients and parents in the formative assessment of nursing students which leads to feedback has the potential to redirect future healthcare professionals' focus to the issues that are most crucial to patients and parents rather than keeping the focus to those that are deemed important by professional expertise (Casey & Clark, 2014). This study concluded that when nursing students are aware that patients and parents are formatively assessing their clinical practice, it promotes greater communication skills, cultural competency, self-awareness, and other skills that improve the therapeutic relationship and their clinical practice (Casey & Clark, 2014). Patients can therefore be involved in providing feedback of their assessment on issues related to the care that was provided, if their needs were met, communication skills, and if the student was engaged in their learning (Suikkala et al., 2018).

In a study described previously, Debyser et al. (2011) explored the necessary conditions to support the gathering of patient feedback of their assessment of nursing students' clinical practice as well as the consistency of patients' feedback with that of the assigned nurse, the clinical instructor, and the nursing student in a mental health care context. This study found that nursing students are meeting their learning outcomes and goals by means of patients' assessments that lead to feedback which generates a richer learning experience (Debyser et al., 2011). The information

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that is provided by patients is therefore an important source of knowledge for nursing students to understand the needs, preferences, and values of patients in their care and allows nursing students to integrate their theoretical knowledge and clinical practice (Suikkala et al., 2018).

There is, however, a common concern that patients provide valueless feedback of their assessment of nursing students' clinical practice because they do not possess the expertise to accurately assess all components within the scope of nursing care (Forrest et al., 2000). Haycock-Stuart et al. (2016) conducted a qualitatively driven mixed methods study, by completing 15 semi-structured interviews and holding 5 focus groups with United Kingdom (UK) student nurses (n=51) to examine the views and perceptions of nursing lecturers and nursing students of the Nursing Midwifery Council's Standard which states that nursing program providers must clearly outline how patients and parents contribute to the assessment of nursing students' clinical practice. This study found that nursing students' and lecturers' believe that patients and parents are equipped to assess and provide feedback of the nontechnical skills of nursing students, such as communication skills, empathy, and compassion, but there remains concern as to their feedback of the formative assessment of nursing students' technical skills (i.e. intravenous access, head-to-toe assessment, assessment of vital signs). In addressing these concerns, clear guidelines on how to formatively assess nursing students' clinical practice as well as the purpose of doing so need to be clear for the patients, the parents, the nursing students, and the clinical instructors (Casey & Clark, 2014). These strategies, which would promote the formative assessment of objective criteria, may lead to effective nursing student formative assessments and would support their professional growth (Casey & Clark, 2014).

In cases when patients have provided feedback of their assessment of nursing students' clinical practice, their involvement was altruistic in nature (Suikkala et al., 2018). Patients

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expressed gratitude for the opportunity to be involved in students' learning, to be acknowledged for their expertise, and to 'give back' to healthcare services as well as to their community (Morgan & Jones, 2009; Suikkala et al., 2018; Wykurz & Kelly, 2002). It is nevertheless important to consider that soliciting patients to provide feedback on their formative assessments of nursing students' clinical practice may put pressure on them to provide only positive feedback out of concern that anything less could affect the quality of care that they may continue to receive from students (Morgan & Sanggaran, 1997). Patients and parents have also identified the fear of negatively influencing nursing students' future career as a reason for providing incomplete feedback (Casey & Clark, 2014). This can be explained by potential countertransference within the student nurse-patient relationship, which can then affect the formative assessment process (Debyser et al., 2011). Moreover, power imbalances may exist within the therapeutic relationship, which can serve as coercion so that patients provide only positive feedback (Sticklely et al., 2011). Patients' and parents' perception of their role in the formative assessment of nursing students' clinical practice can then cause distressing emotions, leading to ethical concerns of the impacts of involving them in the assessment process (Haycock-Stuart et al., 2016). To avoid such concerns, identifying patients and parents who are both emotionally and physically capable of providing feedback of their formative assessment of nursing students as well as clarity of the purpose of the formative assessment are pivotal (Casey & Clark, 2014).

Speers (2008) conducted a qualitative study, holding focus groups and conducting individual interviews with patients (n=5), nursing students (n=7), nurses (n=4), nurse mentors (n=6), and nursing lecturers (n=2) with the aim of investigating patients' views of patient involvement in the assessment of nursing students' clinical practice in mental health nursing. Speers (2008) has identified the importance of protecting nursing students from unfair or biased

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feedback. Haycock-Stuart et al. (2016) stipulated the possibility that patients and parents may be more critical in their feedback of nursing students' clinical practice as an outlet when they are unhappy with their overall healthcare experience and that this would be demoralizing for nursing students. Having patients assess nursing students' clinical practice puts students in a position of vulnerability which can lead to feelings of powerlessness in their clinical education (Stickley et al., 2010). It has been documented that feedback given by patients of their assessment can be internalized by nursing students, negatively affecting their level of confidence within their clinical practice (Stickley et al., 2010; Munro, Whyte, Stewart, & Letters, 2012). Knowing that these concerns exist, it is important that nursing students' perspectives and anxieties be addressed by faculty and clinical instructors when considering the involvement of patients and parents in the formative assessment of nursing students' clinical practice which leads to feedback (O'Donnell & Gormley, 2013).

### **2.4.1 Nursing students' clinical practice and assessment**

As defined in Chapter one, the assessment of students' clinical practice is the process in which information on competencies from many and diverse sources is gathered and analyzed with the goal of measuring a clinician's competence or performance while comparing it to defined criteria (Royal College of Physicians and Surgeons of Canada, 2018). Because this study is reporting on patients' and parents' involvement in the assessment of nursing students' pediatric clinical practice specifically, it is important to know and understand how academic institutions are currently assessing nursing students. I have therefore further specified below the definition of and process for assessing nursing students' clinical practice, according to the Registered Nurses' Association of Ontario (RNAO) (2016).

#### ***2.4.1.1 Authentic assessment of nursing students' clinical practice***

The RNAO has adapted the definition of 'undergraduate nursing students' from the Canadian Nurses Association (CNA): "an individual enrolled in a baccalaureate nursing program from an accredited educational institution who is acquiring new clinical competencies in a practice setting" (Canadian Nurses Association, 2004; RNAO, 2016, p. 6); as well as the definition of a nursing clinical instructor: "the teacher, expert, or specialist who gives practical nursing experience and training to a student within a clinical practice setting and who has achieved at least the novice-level competencies required by the participant" (CNA, 2004; RNAO, 2016, p. 6).

The Best Practice Guidelines (BPG), which are described below, developed as a resource for evidence-based nursing practice and education by the RNAO for the assessment of learning outcomes and assessment strategies states that clinical assessments should require nursing students to demonstrate their critical reasoning and how they would act in a real clinical context (Registered Nurses' Association of Ontario, 2016). This type of assessment is defined as an "authentic assessment" and is supported in the assessment of clinical competency (RNAO, 2016). For example, in an authentic assessment, a nursing student would be assessed on their skills and knowledge in real-life situations, their analysis of a critical incident, or their reflexive practice (RNAO, 2016). Authentic assessments integrate theoretical knowledge and patient care as well as the nursing profession's norms and values, supporting the development of nursing student's basic and advanced clinical skills (RNAO, 2016).

#### ***2.4.1.2 The Best Practice Guidelines for Practice Education in Nursing***

The BPG are to be used as a tool to guide clinical practice and to assist nurses who are educating, precepting, or mentoring undergraduate nursing students in decision making (RNAO, 2016). The RNAO refers to the BPG as "invaluable for developing policies, procedures, protocols,

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clinical courses, and educational programs” (RNAO, 2016, p. 5). With the goal of enhancing the quality of undergraduate nursing student’s practice education and to improve their clinical outcomes, the developed BPG can influence practice education, such as nursing student assessment, in both academic and clinical settings (RNAO, 2016).

Furthermore, the BPG provides information on feedback provision of nursing students’ clinical practice. (RNAO, 2016). The key factors identified as having an influencing impact with feedback provision are: a) immediacy; b) basis in behavior; c) focus on the student; d) balancing both positive and negative feedback; and e) the intent to improve the student’s clinical practice (RNAO, 2016). On the basis of these key factors, the BPG identified strategies for providing feedback. Glover (2000; RNAO, 2016) suggests that feedback should be provided immediately following a practice education experience and that it should be informative, sensitive, balanced (to not induce overload), and focused on the student’s clinical performance. Further, on-going feedback, both formal (i.e. end of shift debriefing and written assessments) and informal (i.e. immediate comments following a skill demonstration), are recommended to support changes in practice and learning opportunities for students (Clynes & Raftery, 2008; RNAO, 2016). When addressing an area of growth with a student, the “feedback sandwich” is recommended and involves first providing a positive statement, followed by the constructive feedback, and ending with another positive statement (Clynes & Raftery, 2008; RNAO, 2016). When necessary, the BPG recommends that students be supported in developing strategies to achieve their learning outcomes when areas in need of improvement are identified (Glover, 2000; RNAO, 2016). Finally, following feedback provision, the BPG suggests that the student’s understanding of the feedback be assessed and that their concerns be addressed by the assessor (Clynes & Raftery, 2008; RNAO 2016).

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The RNAO's BPG do not include the involvement of patients and parents in the assessment of nursing students' clinical practice, however, it does provide information as to the current best practices for the assessment of nursing students' clinical practice. Although this study aimed to explore patients' and parents' perceptions of their involvement in the assessment of nursing students' pediatric clinical practice, the RNAO BPG (2016) can inform how patients and parents become involved and can be used to guide the assessment and feedback provision processes. For example, the BPG could potentially be integrated into the patients' and parents' assessment criteria or used as a tool to provide definitions and recommendations when patients and parents provide feedback of their assessments.

### **2.5 Parent involvement in the assessment of pediatric physicians', medical students', and residents' clinical practice**

As demonstrated above, the current scientific literature supports that patients and parents are not currently involved in the assessment of nursing students' pediatric clinical practice. Their involvement is limited to nursing education (i.e. classroom education) and a limited body of literature exists on strictly adult patient involvement in the assessment of nursing students' clinical practice, although this has not been formally implemented. I therefore had to look to other disciplines, such as medicine, to understand if and how patients and parents are currently involved in providing feedback of their assessment of learners' pediatric clinical practice. As presented below, few studies have explored this, however, those that exist have exclusively reported on the involvement of parents in the assessment of physicians, medical students, and residents.

Although the assessment of healthcare professionals is necessary for regulation and education, there is currently a scarcity of tools available to assess both the workplace performance as well as the quality of patient interaction with physicians (GMC, 2001; Hays, Davies, & Beard, 2002). Furthermore, because pediatric care contexts have become increasingly more centralized in

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the paternalistic and patient-and-family-centered approaches to care, there has been further recognition that parents of pediatric patients would be apt to assess physician's skills (Mcgraw et al., 2012; Moreau, Pound, & Eady, 2015). Despite this, a discussion article by Moreau et al. (2015) found that few assessment instruments exist for parents to assess and provide feedback of their child's physician as well as a lack of literature on both the acceptability and the feasibility of parents' assessment of physicians in diverse pediatric contexts. This article presented six interconnected questions that the authors deemed as important to address to facilitate the involvement of parents in the assessment of their child's pediatric physician with the aim of inspiring further discussion and research on this topic (Moreau et al., 2015).

There are three pediatric assessment instruments that exist for parents to assess and provide feedback of physicians and that have been tested for their validity (i.e. if they measure what they were designed to measure) and reliability (i.e. the consistency of the results) (Moreau et al., 2015). The first is the Sheffield Patient Assessment Tool (SHEFFPAT) which uses a 13 item questionnaire regarding the quality of the consultation, the parent's understanding of their child's condition and treatment, their confidence in self-care as well as their assessment of the physician's demonstrated interpersonal skills and confidentiality. Second, the Paediatric Carers of Children Feedback tool (PaedCCF) is a modified version of the SHFFPAT, including 12 items from its original model, and five additional items regarding physician's communication skills in explaining the risks of the child's treatment and condition as well as their ability to help parents to access additional supports and services. Lastly, there is an assessment tool which uses a 14 item Likert survey to gather information from parents on the physician's communication and interpersonal skills as well as their ability to build a partnership with the patient and their parent (Crossley & Davies, 2005; Crossley, Eiser, & Davies, 2005; Street, 1991; Mcgraw et al., 2012; Moreau et al.,

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2015). Although these three tools have been developed for the assessment of pediatric physicians by parents, and despite the many reported benefits, few pediatric physicians formally obtain assessment feedback from parents (Moreau et al., 2015).

To develop and implement appropriate assessment tools for parents to assess and provide feedback of physicians in a pediatric care context, it is important to involve the parents in the creation process (Moreau et al., 2015). Moreau et al. (2016) conducted a qualitative exploratory study to explore which medical resident nontechnical skills parents could assess and provide feedback on in a pediatric emergency department setting in Canada with the aim of providing information for the development of an assessment tool that can be used for this purpose. Despite the importance of well-developed nontechnical skills (i.e. cognitive, social, and personal skills) (Flin, O'Connor, & Crichton, 2008) when working in a pediatric context, these are not currently being well assessed in pediatric emergency departments (Moreau et al., 2016). The participants of the study included parents of patients (n=22) who had visited the emergency department at least twice in the past year, medical residents (n=6) who were on a block rotation in the pediatric emergency department at the time of the study, and staff physicians (n=6) working in the pediatric emergency department at the time of the study and who also identified as medical resident supervisors (Moreau et al., 2016). The healthcare professional participants completed a dyadic interview (i.e. two faculty members or two medical residents) and the parent participants were divided into two focus groups. Participants of this study identified the following as nontechnical skills of medical residents that parents could assess: “a) communication skills, b) comfort in a pediatric setting, c) adaptability, and d) collaboration” (Moreau et al., 2016, p.1120). The benefits of applying these nontechnical skills, as cited by the participants of the study, included a better understanding of the patient’s medical condition and future medical needs, a stronger therapeutic

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relationship between the medical resident and the parents founded in trust, and the application of FCC in all aspects of the patient's care (Moreau et al., 2016). A study conducted by Persson, Haines, and Lang (2013) which aimed to examine parents of pediatric patients' attitudes towards medical students as learners in pediatric settings also found that parents highly valued communication skills when receiving care from medical students. While the findings of the study conducted by Moreau et al. (2016) have yet to be applied in practice, they are very informative as to which aspects of healthcare provision that parents would like to and would feel comfortable assessing.

The findings of this study can inform this present study as residents and nursing students alike are learners within the healthcare system and interact with patients and parents in the pediatric clinical context. Furthermore, the aforementioned benefits in the study conducted by Moreau et al. (2016) of involving parents in the discourse around their involvement in the formative assessment of future healthcare professionals can be applied to parents' experiences with nursing students.

### **2.6 Gaps in the literature**

The study conducted by Lauckner et al. (2012) explored the patient's perspective when asked to be involved in the educational process of prospective healthcare professionals. The authors of this qualitative study outlined both the benefits and the challenges of involving patients in students' healthcare education (Lauckner et al., 2012). The qualitative study conducted by Moreau et al. (2016) sheds light on the aspects of care that parents would be comfortable assessing of medical residents in a pediatric emergency context. The authors of this study elucidated such information from parents to better understand what they would want to assess when working with medical residents (Moreau et al., 2016). Suikkala and al. (2018), who included 32 studies in a scoping review on patient involvement in the assessment of nursing students' clinical practice,

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concluded that patient involvement in the assessment process which leads to feedback is limited, informal, and passive. Furthermore, these authors stipulated that while there is a demand for greater involvement of patients in clinical nursing education, more information is necessary to determine the degree of involvement that is feasible and desirable as well as to explore how patients are currently involved in particular clinical settings (Suikkala et al., 2018). Further consideration is necessary regarding patients' capacity (i.e. age and illness) and vulnerability to be involved in the assessment process as well as the elements of confidentiality and anonymity of their involvement (Suikkala et al., 2018). The timing of feedback provision as well as the recipient of patient feedback of their assessment of a nursing students' clinical practice needs further exploration (Suikkala et al., 2018).

Given the absence of empirical knowledge on patients' and parents' involvement in the assessment of nursing students' pediatric clinical practice, this literature review reported on the limited knowledge that exists on patients' and parents' involvement in other educational contexts in healthcare. Conclusively, patients and parents have been involved in the education of future healthcare professionals, including nursing students, primarily by means of recounting their experiences in healthcare through storytelling. Although few assessment tools exist for parents of pediatric patients to assess and provide feedback of physicians, these are not actively being used in clinical contexts. Specifically to nursing, the involvement of patients and parents in the assessment of nursing students' clinical practice has only been officially implemented in the UK, however, the method of feedback provision and the inclusion of patients' feedback in the overall student assessment lacks structure and clarity. Other attempts to involve patients and parents in the assessment process have only been reported in study settings. Further research is therefore

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necessary to explore and understand patients' and parents' involvement in the assessment of nursing students' clinical practice with the aim of influencing nursing curriculums and policies.

### **2.7 Conceptual framework**

A conceptual framework is necessary when looking to develop pertinent concepts and to guide a research study (Fortin, 2016). In this section, I will present the conceptual framework that I developed for the purposes of this thesis. I will first present how I developed the conceptual framework, defining the central concepts, and I will then describe the conceptual framework.

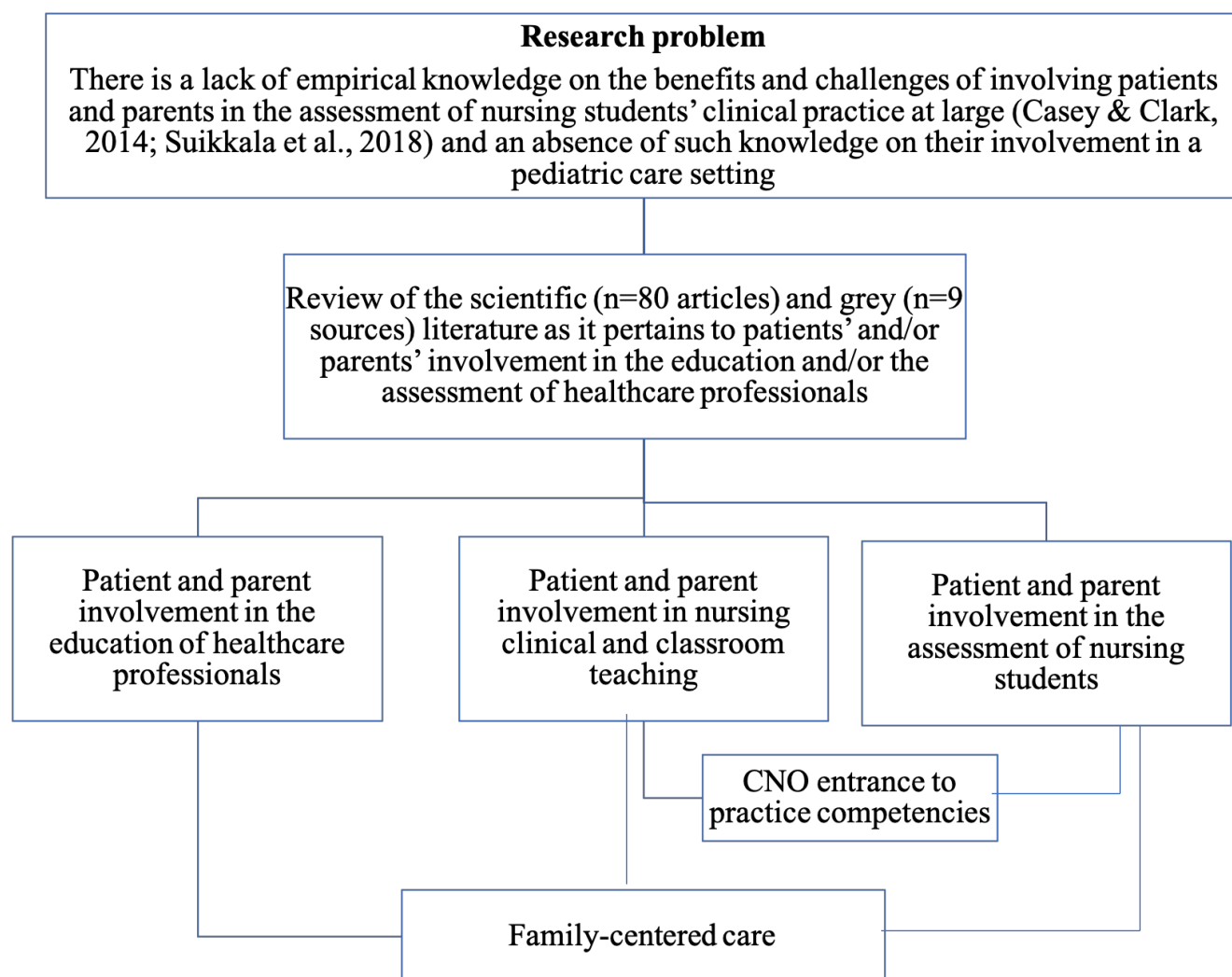
#### **2.7.1 Development of the conceptual framework**

The purposes of developing a conceptual framework are: a) to clearly outline the primary concepts of the study; b) to provide guidance in the research process; and d) to guide future research (Imenda, 2014). When creating this conceptual framework, I synthesized the existing literature as it pertains to patients' and/or parents' involvement in the education and/or the assessment of healthcare professionals by bringing together the related concepts that were reviewed under each sub-heading (i.e. patient involvement in the education of future healthcare professionals, patient and parent involvement in nursing clinical and classroom teaching, patient and parent involvement in the assessment of nursing students' clinical practice, and parent involvement in the assessment pediatric physicians', medical students', and residents' clinical practice) to represent an integrated perspective of the literature (Liehr & Smith, 1999). I have chosen inductive reasoning for my approach in creating my conceptual framework from the literature review. As such, my conceptual framework, which is tailored specifically to this study, emerged as I pieced together the reviewed literature, identifying salient concepts that could be useful in addressing my research problem (Imenda, 2014). In doing so, I have identified the benefits and challenges of patient and parent involvement at different levels of education within

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healthcare. Following data analysis, this framework was used to compare whether the study findings reflect or contradict the reviewed scientific literature (Imenda, 2014). As such, the conceptual framework evolved as the study findings were being analyzed (Chapter five). The conceptual framework will be described in section 2.7.2.

Figure 2.7.1 Development of the conceptual framework



The central concepts of the framework are FCC and the CNO entrance to practice competencies, which are described below.

### ***2.7.1.1 Family-centered care model (FCC)***

FCC is a model of care that guides the planning, delivery, and evaluation of healthcare within a mutual partnership between healthcare professionals, patients, and parents (Shields, 2015). This model of care can be applied to patients of any age and practiced within any clinical context (Institute for Patient-and Family-Centered Care, 2008). The four core concepts of patient-and-family-centered care are: 1) dignity and respect, in which healthcare professionals honor patients' and parents' perspectives and choices; 2) information sharing, in which healthcare professionals communicate complete and unbiased information with patients and parents; 3) participation, where patients and parents are encouraged to participate in their care and decision-making; and 4) collaboration, for which healthcare professionals, patients, parents, and healthcare leaders collaborate in the development of policies and programs (IPFCC, 2019). FCC is the most commonly used model of care in pediatric care settings around the world (Coyne, 2015). This model of care, which recognizes all family members as the recipients of care, ensures that healthcare is planned, executed, and assessed around the needs of the patient and their family, not just the individual child (Coyne, 2015; IPFCC, 2019). The benefits cited of implementing the FCC model include reduced anxiety and other adverse impacts of hospitalization, promoting child-parent attachment, and higher satisfaction of care (Coyne, 2015). There are, however, disadvantages to implementing FCC such as added pressure for parents to remain in the hospital with their child at all times, potentially jeopardizing their employment and income (Darbyshire, 1994; Shields, 2010). This model of care, which has been embraced by pediatric nurses around the world, is endorsed by most national and international nursing organizations and is formally recognized in governmental policies in the UK (Coyne, 2015).

### ***2.7.1.2 CNO entrance to practice competencies***

The CNO (2014b) has established five categories under which the entrance to practice competencies fall under. The first competency, *professional responsibility and accountability*, encompasses the entry-level Registered Nurse's (RN) competence in professional conduct and ethical matters when delivering nursing care (CNO, 2014b). This competency emphasizes that the primary duty of an RN is to the client (CNO, 2014b). The second competency, *knowledge-based practice*, draws on the diverse sources of knowledge that the RN must use to inform his or her practice and the competent application of such knowledge (CNO, 2014b). The third competency, *ethical practice*, speaks to the professional judgement that an RN must demonstrate in practice which is in keeping with the CNO's standards of ethics (CNO, 2014b). In this capacity, an RN is expected to inform his or her clinical decision-making based on critical inquiry among patients with whom he or she holds a therapeutic, caring, and culturally safe relationship as well as other members of the interprofessional health care team (CNO, 2014b). The fourth competency, *service to the public*, emphasizes the importance of protecting the public as well as the duty to provide and to continually improve health care services (CNO, 2014b). This process of maintenance and improvement is to be done in collaboration with other members of the interprofessional health care team, policy makers, and the stakeholders of care (CNO, 2014b). The final competency, *self-regulation*, outlines the expectation that RNs demonstrate professional self-regulation (CNO, 2014b). Such self-regulation can be demonstrated by continually developing one's own competence, ensuring safe practice, and advocating in the best interest of the public (CNO, 2014b).

### **2.7.2 Description of the conceptual framework**

The central concepts of FCC and CNO's entrance to practice competencies visually encircle the conceptual framework and therefore consistently operate in the background of the

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framework as a whole (Appendix A). Because the research problem of the study pertains to patients' and parents' involvement in a pediatric care context and to the assessment of nursing students' clinical practice, FCC and the CNO's entrance to practice competencies are pertinent and necessary to consider across all three key concepts, and vice-versa, which are as follows: a) patient and parent involvement in the education of healthcare professionals; b) patient and parent involvement in nursing clinical and classroom teaching; and c) patient and parent involvement in the assessment of nursing students.

From the first key concept, *patient and parent involvement in the education of healthcare professionals*, I identified the following concepts which describe the benefits of patient and parent involvement: a) the development of clinical reasoning; b) promoting communication skills and collaboration; c) promoting empathy; d) promoting individualized patient care; and e) strengthening the healthcare professional-patient therapeutic relationship. From this same key concept, I identified the following concepts which describe the challenges of patient and parent involvement: a) vulnerability; b) patients monitoring disclosures; and c) breaching confidentiality.

From the second key concept, *patient and parent involvement in nursing clinical and classroom teaching*, I identified the following concepts which describe the benefits of patient and parent involvement: a) promoting a clinical practice that is based in self-reflection and empathy; b) ensuring a high-quality nursing curriculum; c) promoting a holistic learning experience; and d) promoting individualized patient care. From this same key concept, I identified the following concepts, which describe the challenges of patient and parent involvement: a) patient exploitation; b) breaching confidentiality; and c) emotional distress.

Finally, from the third key, concept *patient and parent involvement in the assessment of nursing students*, I identified the following concepts which describe the benefits of patient and

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parent involvement in the assessment of nursing students: a) enhancing the nursing student-patient relationship; b) enhancing communication skills and collaboration; c) ensuring a complete student assessment with feedback from the recipients of their care; d) promoting culturally competent care; and e) enhancing self-awareness. For this same key concept, I identified the following concepts, which describe the challenges of patient and parent involvement in the assessment of nursing students: a) fear of negative consequences; b) power imbalances and coercion; c) ethical concerns; d) demoralization of nursing students; and e) patients' absence of clinical expertise.

Within the conceptual framework, the three key concepts evolve from being very broad (i.e. the involvement of patients and parents in the education of healthcare professionals) to being specific to nursing education, and narrowed to the assessment component of nursing education, while also maintaining that patient and parent involvement leads to observable benefits and challenges. Moreover, repetition among the benefits of the three key concepts are evident, such as promoting individualized patient care, promoting communication skills and collaboration, promoting empathy, and enhancing the healthcare provider-patient relationship. Repetition is also observed among the challenges of the three key concepts, such as breaching confidentiality and ethical concerns in many facets.

### **2.8 Relevance to the nursing discipline**

Nursing students are expected to comprehend complex theoretical material, affective concepts (i.e. values and attitudes), and master technical skills to meet their learning objectives (Duygulu & Abaan, 2013). The Nursing Midwifery Council (NMC) (2010) has required the involvement of patients in the education of student nurses in the UK because it ensures that the students' learning outcomes and competencies are assessed using reliable assessment methods. More specifically, involving patients and parents in the assessment of nursing students increases

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both the validity (i.e. if the process measures what it is designed to measure) and the reliability (i.e. the consistency of the results when used more than once) of the overall assessment process (Casey & Clark, 2014). This is in keeping with the CNO's entrance to practice competencies, the function of which is to establish a pre-set list of criteria against which entry-level RN are measured when they apply for registration with the CNO and entry to practice in Ontario for the first time (CNO, 2014b).

Duygulu & Abaan (2013) conducted a quantitative study, distributing questionnaires to nursing students (n=179) at a Turkish university, which aimed to document nursing students' perspectives on the involvement of patients in the assessment of nursing students' clinical practice. The results of this study revealed that 73.2% of the students were not satisfied with the assessments used for their clinical skill competency, with identified problems being related to their clinical instructor (68.2%), the assessment methods (24.0%), and the clinical practice environment (17.9%) (Duygulu & Abaan, 2013). Given the high percentage of students who reported being dissatisfied with the assessments, only 29.1% of the students stated that they would want to make changes to the methods used for assessment, with most changes pertaining to the assessment system (37.4%) (Duygulu & Abaan, 2013). The students recommended using multiple methods of assessment, including the involvement of other healthcare professionals, their peers, and patients (Duygulu & Abaan, 2013). The authors of this study therefore concluded that because the nursing profession is of a practical nature, there is significant concern by nursing students as to how they are being assessed (Duygulu & Abaan, 2013). Knowing that nursing students would prefer multiple methods of assessment and that there are associated benefits to involving patients in the assessment process (Duygulu & Abaan, 2013), further research is necessary to explore the involvement of patients and parents in the assessment of students' clinical practice.

### CHAPTER 3: METHODOLOGY

In this chapter, I will present the research design used to conduct this research study and my pragmatic paradigmatic position. Further, I will outline the methodological considerations that I took when conducting this study.

#### 3.1 Research design

This thesis reports on the qualitative portion of a mixed methods study conducted at a pediatric teaching hospital in the province of Ontario, Canada. I employed a mixed methods methodology using an explanatory sequential study design to conceptualize the study and qualitative methods for data collection and analysis. In this section, I will first present an overview of the larger study and I will then present the theoretical underpinnings of mixed methods.

##### 3.1.1 Research study overview

In the larger study (i.e. quantitative and qualitative phases), the research team aimed to describe, explore, and analyze patients', parents', nursing students', and clinical instructors' experiences with and perceptions of patient and parent involvement in the assessment of nursing students' pediatric clinical practice. The larger study was developed and conducted by a multi-disciplinary research team, including researchers from a Canadian University and from a pediatric teaching hospital in Ontario, Canada. I was involved in the data collection and data analysis of the quantitative portion of the study as a research assistant. I distributed and collected surveys, and I assisted in the analysis of the quantitative data for all study participants (i.e. patients, parents, clinical instructors, and nursing students). For the purposes of my thesis, which focused only on the qualitative portion of the study among patient and parent participants, I completed data collection with patients and parents and I analyzed the qualitative data using qualitative content analysis with a manifest approach and inductive reasoning (Bengtsson, 2016; Schreier, 2012), in

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collaboration with my thesis supervisor. The qualitative data collection and data analysis for the nursing student and clinical instructor participants of the larger study were completed by another research team member and without my involvement.

### **3.1.2 Phase I: patient and parent participants**

Given that the results from the quantitative phase of the larger study influenced the development and implementation of this subsequent qualitative phase that I am reporting on, I believe it is important to briefly describe the procedures and methods employed for data collection and analysis of the quantitative data. During the quantitative portion (Phase I), the research team distributed surveys to patients and parents at the aforementioned pediatric hospital on three inpatient medical and surgical units that explored the involvement of patients and parents in the assessment of nursing students' pediatric clinical practice. For this portion of the study, the research team recruited 22 patients and 52 parents, non-dyadically, to complete surveys. In this first phase of the larger study, the research team sought to generate a preliminary understanding of the participants' experiences with and perceptions of patient and parent involvement in the formative assessment of nursing students' pediatric clinical practice. The research team used a purposeful sampling strategy (Patton, 2015) to recruit the participants. The research team then analyzed the data using SPSS 25, using descriptive statistics to calculate frequencies and percentages of participants' responses.

### **3.1.3 Phase II: patient and parent participants**

Drawing on the results of Phase I, the objective of the qualitative portion (Phase II) was to further explore patients' and parents' perceptions of their role in the formative assessment of nursing students' pediatric clinical practice using qualitative questioning. Patients and parents who participated in Phase I of the larger study were included as participants, however both nursing

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students and clinical instructors who participated in Phase I were not included in this qualitative portion that I am reporting on due to resource limitations inherent to a Masters thesis. The integration of this qualitative portion is very beneficial to the larger study as it has allowed us to expand on the results gathered from Phase I while deepening the understanding of patients' and parents' perceptions of their role in the assessment of nursing students' pediatric clinical practice.

Figure 3.1.2 Explanatory sequential research study design



### **3.1.4 Theoretical underpinnings of mixed methods**

Mixed methods research combines both the strengths of qualitative and quantitative methods in that the limitations of one method are offset by the strengths of the other (Creswell & Plano Clark 2017; Creswell, Plano Clark, & Gutmann, 2003; Zhang & Creswell, 2013). The purpose of the quantitative phase of a mixed methods study is to describe generalizable and objective research results while the purpose of the qualitative phase is to explore and understand complex phenomena (Creswell et al., 2003; Zhang & Creswell, 2013). The combination of quantitative and qualitative methods allows for the flexibility to adapt the second phase of the study depending on the initial study findings (Yvonne Feilzer, 2010), leading to an enriched and deeper understanding of the research results (Creswell et al., 2003; Zhang & Creswell, 2013). Procedurally, a mixed methods study determines the way in which data is collected and analyzed (Creswell et al., 2003; Zhang & Creswell, 2013).

Using the explanatory sequential design, the research team began by conducting a quantitative phase in the larger study and I followed-up with certain results from the quantitative data (Table 3.1.2) in this subsequent qualitative phase, for the purposes of my thesis, by means of qualitative questioning during semi-structured interviews with the patient and parent participants (Creswell & Plano Clark, 2017). When choosing which quantitative results to follow-up on in this subsequent qualitative phase, I considered: a) the significance of the data as it pertains to the frequencies calculated of the participants' responses from the distributed surveys (Table 3.1.4); and b) the relevance of the survey responses to my research questions. When referring to 'significance', I am not referring to statistical significance as inferential statistics were not measured from the quantitative data (quantitative descriptive methods). Rather, by significance pertaining to the frequency of the participants' responses in the survey, I'm referring to the number

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of times that certain responses came out of the data. As an example, the interview question “tell me about some of the encounters that you have had with nursing students” was developed based off of the results from Phase I of patients' and parents' current involvement in the assessment of nursing students' clinical practice. As it is seen in Table 3.1.4, a small percentage of patients (n=3, 14%) and parents (n=5, 10%) reported that they have been involved in the assessment of nursing students' clinical practice. These results were relevant to this study which sought to explore patients' and parents' perceptions of their role in the assessment of nursing students' pediatric clinical practice because they provided a preliminary knowledge of their current involvement. My interpretation of these results was that very few patients and parents are currently involved in the assessment of nursing students' pediatric clinical practice and that further information is needed to confirm this finding and to understand why that is. As such, instead of asking patients and parents again if they have been involved in the assessment of nursing students' pediatric clinical practice during the qualitative interviews, I opted to ask a more general question to better understand their experiences of receiving nursing care from students with the intent of producing findings that could potentially explain their low frequency of involvement.

As an example of Phase I results that I did not follow-up on, patients (n=22) and parents (n=52) were asked in their surveys if they would be interested in being involved in the development of a tool to assess nursing students. They were given the option of selecting “Yes”, “Maybe”, or “No” as their response. Only 17 parents (33%) and five patients (23%) responded that they would be interested. Although these results can be considered significant because of the low frequency of positive responses, I did not follow-up on these results because they are not relevant to exploring and understanding how patients and parents perceive their role in the assessment of nursing students' pediatric clinical practice.

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Table 3.1.4 Phase I study results that were followed-up on in Phase II

<b>Patients' and parents' current involvement in the assessment of nursing students' clinical practice</b>	<b>Potential benefits of patients' and parents' involvement in the assessment of nursing students' clinical practice</b>	<b>Potential challenges of patients' and parents' involvement in the assessment of nursing students' clinical practice</b>	<b>Aspects of nursing students' clinical practice that patients and parents are most comfortable assessing</b>	<b>Required support for patients' and parents' involvement in the assessment of nursing students' clinical practice</b>
<p>Patients (n=22) who have been involved (n=3, 14%)</p> <p>Patients provided:</p> <ul style="list-style-type: none"> <li>• Verbal feedback at bedside</li> <li>• Written feedback</li> <li>• Solicited feedback by the nursing student or assigned nurse</li> </ul>	<p>Patients (n=22)</p> <p>Allows nursing students to:</p> <ul style="list-style-type: none"> <li>• Improve their performance (n=18, 86%)</li> <li>• Understand patients' thoughts on their performance (n=16, 76%)</li> <li>• Reflect on their performance (n=15, 71%)</li> </ul>	<p>Patients (n=22)</p> <p>Patients won't:</p> <ul style="list-style-type: none"> <li>• Feel comfortable (n=12, 57%)</li> <li>• Know how to give proper assessments (n=12, 57%)</li> <li>• Be interested (n=10, 48%)</li> </ul>	<p>Patients (n=22)</p> <ul style="list-style-type: none"> <li>• Physical exams (n=19, 85%)</li> <li>• Communication skills (n=17, 77%)</li> <li>• Advocacy skills (n=13, 59%)</li> <li>• Technical skills (n=12, 54%)</li> </ul>	<p>Patients (n=22)</p> <ul style="list-style-type: none"> <li>• Instructions on how to assess nursing students (n=12, 55%)</li> <li>• A letter stating that I volunteered to assess nursing students (n=8, 36%)</li> <li>• Compensation for my time spent assessing nursing students (n=4, 18%)</li> </ul>
<p>Parents (n=52) who have been involved (n=5, 10%)</p> <p>Parents provided:</p> <ul style="list-style-type: none"> <li>• Verbal feedback at bedside</li> <li>• Unsolicited or solicited feedback by nursing students or nurses</li> </ul>	<p>Parents (n=52)</p> <p>Allows nursing students to:</p> <ul style="list-style-type: none"> <li>• Improve their performance (n=43, 83%)</li> <li>• Reflect on their performance (n=40, 77%)</li> <li>• Understand parents' thoughts on their performance (n=40, 77%)</li> </ul>	<p>Parents (n=52)</p> <p>Parents won't:</p> <ul style="list-style-type: none"> <li>• Feel comfortable (n=28, 54%)</li> <li>• Know how to give proper assessments (n=27, 52%)</li> </ul>	<p>Parents (n=52)</p> <ul style="list-style-type: none"> <li>• Communication skills (n=46, 89%)</li> <li>• Collaboration (n=39, 75%)</li> <li>• Physical exams (n=32, 62%)</li> <li>• Adaptation of interactions and care (n=30, 58%)</li> </ul>	<p>Parents (n=52)</p> <ul style="list-style-type: none"> <li>• Instructions on how to assess nursing students (n=42, 81%)</li> <li>• Compensation for my time spent assessing nursing students (n=8, 15%)</li> <li>• Formal training on how to assess nursing students (n=7, 14%)</li> </ul>

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There are two points of integration, also known as mixing, in an explanatory sequential design (Creswell & Plano Clark, 2017). As defined by Creswell and Plano Clark (2017), integration is the point in the research procedures where the quantitative and the qualitative research interface. The first integration in this study occurred between the quantitative data analysis and the qualitative data collection, at which point I analyzed the quantitative results to determine which of these results required further explanation through qualitative questioning (Table 3.1.4) (Creswell & Plano Clark, 2017). The second integration occurred after the data analysis of the qualitative data of this present phase was completed, at which point, the research team connected the results from both phases to draw conclusions about how the qualitative phase findings extended on or explained the results from the quantitative phase (Creswell & Plano Clark, 2017). For the purposes of this thesis, I will only be reporting on the qualitative phase findings among patient and parent participants. The procedures under which the data was collected and the findings that emerged were informed by the first integration detailed above.

### **3.2 Researcher's paradigmatic position**

Mixed methods studies can be based in an epistemologically paradigmatic pragmatic or dialectical position (Creswell & Plano Clark, 2017). I have embraced pragmatism because it focuses on both the research problem, as well as the consequences of the research, and on the use of multiple methods of data collection to inform the research questions with the goal of generating "socially useful knowledge" (Creswell & Plano Clark, 2017; Griffin & Museus, 2011; Yvonne Feilzer, 2010, p. 6). In other words, because pragmatism is most concerned with attending to the research problem, it allows the researcher to select the methods of data collection and analysis that are most appropriate for the identified problem, while maintaining the focus on the potential outcomes of the research (Creswell & Plano Clark, 2017). Pragmatism advocates to find the middle

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ground between qualitative and quantitative paradigms (Griffin & Museus, 2011). These paradigms, which are traditionally opposed, are founded in positivism/post-positivism and constructivism/interpretivism (Creswell & Plano Clark, 2007). The positivist/post-positivist paradigm argues that there exists a single reality, or truth, waiting to be discovered by the researcher (Creswell & Plano Clark, 2007). This paradigmatic stance, which values objectivity, is at the core of quantitative methodologies (Creswell & Plano Clark, 2007). Contrarily, the constructivist/interpretivist paradigm values subjectivity, argues that thorough inquiry among participants will unveil multiple realities to any given phenomena (Creswell & Plano Clark, 2007). This paradigmatic stance therefore favors qualitative methodologies (Creswell & Plano Clark, 2007).

Pragmatism, which has been developed by researchers as an alternative paradigmatic stance to accommodate the dynamism of mixed methods research, looks beyond the questions of truth and reality (Yvonne Feilzer, 2010). This paradigm does not look to find unvarying causality or truths, but aims to examine a particular research question, phenomenon, or theory (Yvonne Feilzer, 2010). Pragmatism recognizes that both singular and multiple realities can exist and that these are open to empirical inquiry (Yvonne Feilzer, 2010). Because pragmatism converges the qualities of both quantitative and qualitative methods, the researcher is not constrained to the laws of a mono-paradigmatic design (Yvonne Feilzer, 2010). Putting aside the divide between quantitative and qualitative methods, the focus of pragmatism is to ensure that the research question is answered (Creswell & Plano Clark, 2017; Yvonne Feilzer, 2010). The pragmatic lens was selected for this study because of : 1) the novelty of the study topic, 2) the methodology employed which entails the use of multiple study methods, and 3) the study objective was to explore patients' and parents' *perceptions* of their role in the assessment process, not their

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experiences of their level of involvement. Furthermore, this qualitative phase is epistemologically based in pragmatism because the qualitative methods chosen were informed by the quantitative phase and they were deemed necessary to attend to the research problem. The chosen qualitative methods employed (i.e. sampling, semi-structured interviews, and qualitative content analysis), which were driven by pragmatic concerns, are described in the forthcoming sections of this chapter.

### **3.3 Setting**

I conducted this phase of the larger study (Phase II) on three inpatient medical and surgical units at a pediatric teaching hospital in the province of Ontario, Canada. The patient population on these units are comprised of patients who are 0 days to 18 years of age and admitted for a minimum of one night. There are approximately 20 inpatient beds on each unit and one parent bed per patient. The hospital is grounded in the FCC model as a part of the hospital's core values (Swaine, n.d.). This philosophy, which recognizes the patients' and parents' central role in the delivery of care, ensures that care is planned around the needs of the family as a unit instead of around the needs of the patient exclusively (Shields, 2010).

Nursing students who complete their pediatric clinical placements on these three inpatient units of the study site are among a group of six nursing students supervised by a clinical instructor hired by the academic institution. Nursing students spend four weeks (96 hours) on a pediatric unit to complete their clinical rotation and are assigned up to two patients by the end of their rotation. Because self-reflection is an important component of student's learning (CNO, 2014a), students are expected to submit one reflexive note per week, which pertains to their experiences providing nursing care with at least one of their patients, to their clinical instructor as a requirement of their formative assessment while in placement. Further, students must complete and submit an online

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self-assessment as part of their mid-term clinical assessment after two weeks of placement (i.e. formative assessment) and, again, after four weeks of placement (i.e. summative assessment). Their self-assessment is guided by a clinical evaluation tool developed for Baccalaureate nursing students that is used to help students to identify their strengths and areas of growth (Bourbonnais, Langford, & Giannantonio, 2007). It also serves as an important communication tool for clinical instructors and clinical placement coordinators to track the student's progress in attaining their learning outcomes (Bourbonnais et al., 2007). This clinical evaluation tool developed by Bourbonnais et al. (2007), was influenced by both the CNO entrance to practice competencies, as outlined in the literature review for this study, and by the program outcomes of the study setting's curriculum (Bourbonnais et al., 2007). The five program learning outcomes (Table 3.3) are: a) critical thinker; b) effective communicator; c) evolving professional; d) self-directed learner; and e) knowledge worker (Bourbonnais et al., 2007).

Table 3.3 The five program learning outcomes adapted from Bourbonnais et al. (2007)

Learning outcomes	Definition
Self-directed learner	Directs and controls learning by means of self-assessment, self-reflection and evaluation, the use of information, resources, and effective time management, as well as critical thinking and appraisal (Bourbonnais et al., 2007; Patterson, Crooks, & Lunyk-Child, 2002).
Effective communicator	Uses a broad range of communication skills, considering the cognitive, behavioral, and cultural factors that influence communication (Arnold & Boggs, 2003; Bourbonnais et al., 2007).
Critical thinker	Actively and aptly conceptualizes, applies, analyzes, synthesizes, and evaluates information by observation (Bourbonnais et al., 2007; National council for excellence in critical thinking instruction, 1992; Scriven & Paul, 2006).
Evolving professional	Continually seeks to improve their professional knowledge, takes responsibility for their actions, and provides the best possible professional care (Bourbonnais et al., 2007; CNO, 2005).
Knowledge worker	Uses critical thinking to provide 'non-repetitive' work that demonstrates a high level of cognition and theoretical knowledge with the aim of producing shared expertise (Bourbonnais et al., 2007; Drucker, 1983).

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Upon the second submission (i.e. after four weeks), for the final clinical assessment, the clinical instructor also completes and submits a summative assessment of the student based on their observations of the student during their clinical placement and the five program outcomes, determining if the nursing student was successful in completing their clinical placement, or not. The student and the clinical instructor then meet to discuss and agree upon their individual assessments and to develop appropriate learning objectives.

### **3.4 Sampling and recruitment**

I used purposeful sampling to recruit patient and parent participants from the quantitative phase of the study, recognizing that these participants would be in an ideal position to provide further explanation of the results from Phase I (Creswell & Plano Clark, 2017). Patients were eligible if they: a) were English or French speaking; b) were between the ages of 14-18 years old; c) were admitted to an inpatient unit at the study setting since January 2018; and d) received care from a nursing student during their hospitalization. Parents were eligible if they: a) were English or French speaking; b) had a child between the ages of 0-13 years old who was admitted to a medical or surgical unit at the study setting since January 2018; and c) had a child between the ages of 0-13 years old who received care from a nursing student during their hospitalization.

I aimed to recruit 10 patients and 10 parents to participate in one-on-one semi-structured interviews (Appendix B). I utilized two strategies in order to ensure the desired sample size. Using the first strategy, I attempted to recruit the desired sample size using a pre-existing participant list developed from the quantitative phase of the larger study. This participant list was comprised of patients and parents from Phase I who indicated in their survey that they would be interested in participating in a follow-up interview. I contacted potential participants via the email address (Appendix C) they provided in the survey (Phase I). I asked them if they were interested in

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participating in a 60-minute interview pertaining to their perceptions of their role in the assessment of nursing students' pediatric clinical practice. I attached an information letter (Appendix D) and a consent form (Appendix E) for their review. I obtained written consent prior to the interview and the participants received a signed copy. If participants responded positively to my email invitation, I then scheduled an interview date, time, and method (face-to-face or phone) that was most convenient for the interested participants.

I utilized the second strategy when the desired sample size of patients ( $n=10$ ) and parents ( $n=10$ ) was not achieved using the list of potential participants provided from Phase I. I recruited patients and parents from the three same medical and surgical inpatient units used in Phase I. I consulted the patients' electronic hospital charts for screening purposes to ensure that patients and parents who were approached met the above-mentioned eligibility criteria. I did not collect data from electronic hospital charts for the purposes of this study. Once eligible participants were identified via the screening process, to minimize recruitment bias or feelings of coercion, a member of each eligible patient and parent care team (i.e. assigned nurse, healthcare aide, medical resident, or physician) asked the potential participants if they were interested in learning more about my study. If potential participants agreed, the care team member informed me, and I then approached them about the study. I provided potential participants with an information letter (Appendix F) and a consent form (Appendix E) as well as sufficient time to review them in detail and ask any questions they may have. I returned to speak with potential participants within a minimum of eight hours after giving them the information letter and consent form to find out if they were interested in participating in an interview during their hospital stay. When potential participants were discharged before I returned to speak with them, they were informed that they could contact me at any time at the email address listed in the information letter if they were interested in participating

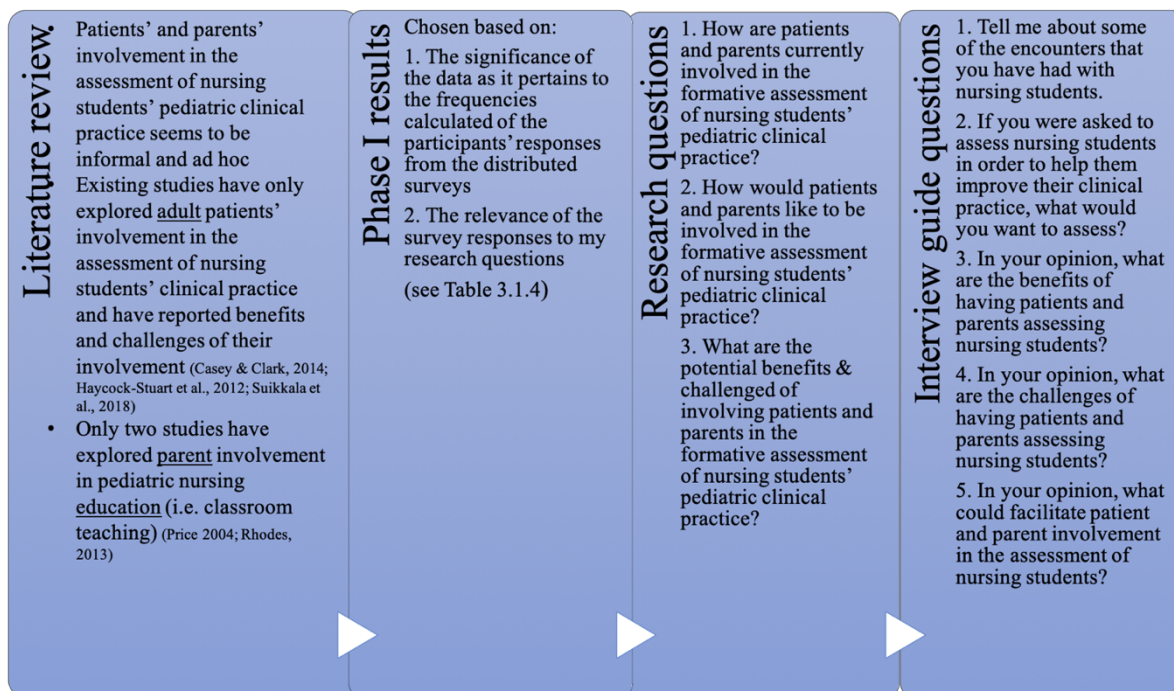
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in an interview. If the potential participants agreed to participate, I scheduled an interview date and time that was most convenient for the interested participants.

### 3.5 Data collection

I conducted semi-structured interviews from September 2018 to January 2019 with patients and parents either in person or by phone, using a private room at the study setting, where confidentiality could be respected. The semi-structured interviews were approximately 15-45 minutes in length and they were audio-recorded and transcribed verbatim. After establishing the research questions for this study following a review of the pertinent literature, I considered both the quantitative results from Phase I and the research questions to develop the semi-structured interview guide for this study (Figure 3.5) (Creswell & Plano Clark, 2017).

Figure 3.5 Interview guide development



After drafting the first version of my interview questions, my thesis advisory committee and I reviewed them together, keeping in mind my research questions, and I made revisions to add specificity and clarity to the questions. I then made a table in which I connected each interview

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guide question with which research question it could potentially answer. I piloted the interview guide with one parent and one patient who participated in Phase I of the study prior to commencing the interviews. I then shared the audio-recordings of these pilot interviews with my supervisor and we discussed my interviewing skills and follow-up questions. No changes or amendments were made to the interview guide based on the pilot interviews.

As the interviews progressed, the interview questions were unchanged, but certain follow-up questions were added. For example, when speaking about the benefits and challenges of patient and parent involvement in the assessment process, I asked patients and parents about their perceptions of these for nursing students. As another example, when speaking about facilitating factors for patient and parent involvement, I follow-up with a more specific question asking patients and parents “what could ‘we’ do to make it easier for you to be involved in the assessment nursing students’ clinical practice?”. I asked participants open-ended questions about their perceptions of their role in the assessment of nursing students’ pediatric clinical practice. Throughout the interview, I took all necessary measures to reduce any feelings of invasion (i.e. reminding participants that they are not obliged to answer any of the questions, that the interview questions are meant to guide the conversation, and that they are therefore invited to lead the interview) which could have affected the trusting and balanced relationship between myself and the participants (Taylor et al., 2015). I asked the participants to complete and return a basic demographic survey after the interview to highlight personal characteristics. I based these questions on the criteria of inclusion. For patients of Strategy 1 (Appendix G), this included their age and the number of admissions that they had, if any, since completing the survey in Phase I. For parents of Strategy 1 (Appendix H), this included their child’s age and the number of admissions that they had, if any, since completing the survey in Phase I. For patients of Strategy 2

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(Appendix I), this included their age and their number of admissions within the last calendar year. For parents of Strategy 2 (Appendix J), this included their child's age and their number of admissions in the last calendar year.

I asked participants from both Strategy 1 and Strategy 2 who participated in person at the study setting to review and sign a written consent form prior to participating in an interview. I asked those from Strategy 1 who participated by phone to review the verbal consent form sent to them previously by email and to provide verbal consent prior to participating in an interview. I stored all identifying participant information separately from their interview data in a locked cabinet and locked office. Only my thesis supervisor and I had access to the data and identifying information. I kept a log sheet which was shared with members of the research team to organize participant contact information and to inform all members of the research team once an interview had been completed.

### **3.6 Data analysis**

I manually analyzed the data using a qualitative content analysis approach (Creswell & Poth, 2018; Schreier, 2012). Qualitative content analysis is an approach comprised of the systematic coding and categorizing of textual data with the aim of identifying patterns of words that the participants use, the relationship between these, as well as the structures of communication (Vaismoradi, Turunen, & Bondas, 2013). It focuses on the participants, context, and variation within the text, allowing researchers to analyze manifest and descriptive data as well as latent and interpretive data (Graneheim et al., 2017). The content analysis approach is not prescriptive but is rather a broad and flexible method of analysis that is commonly used in mixed methods research because it can be used to analyze both quantitative and qualitative data (Bengtsson, 2016). For the purposes of this phase of the larger study, the manifest approach using inductive reasoning was

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used to conduct the qualitative content analysis (Bengtsson, 2016; Schreier, 2012). This approach was necessary given: a) the novelty of the topic that was being studied; b) the chosen mixed methods methodology; c) my pragmatic stance which supports the necessary methods required to attend to the research problem; and d) the interview guide which was tailored to elicit participants' perceptions. For these reasons, the manifest approach using inductive reasoning was chosen to allow me to analyze the data with minimal interpretation, which produced findings that were most representative of the patients' and parents' perceptions of their role in the assessment of nursing students' pediatric clinical practice.

Characteristically, an inductive approach is data-driven and seeks to identify patterns within the text (Graneheim et al., 2017; Schreier, 2012). As such, during the data analysis, I sought to identify the similarities as well as the differences within the extracted data that was then coded and categorized (Graneheim et al., 2017). In using an inductive approach, I moved from the concrete study data to an abstract theoretical understanding of the data (Graneheim et al., 2017). A manifest approach emphasizes the importance of staying true to the participant's words (Bengtsson, 2016). In doing so, I aimed to describe exactly what patients and parents actually said, rather than providing an interpretation of what was said (Bengtsson, 2016). To remain consistent when using the manifest approach, I frequently returned to the original text of the audio-recorded interviews, which were transcribed verbatim, to ensure that the patient's or parent's words and their meaning remained central to the analysis and to the findings that will be presented in Chapter four (Bengtsson, 2016).

I grouped the transcriptions into PT (patient) and PR (parent) folders. I analyzed the patient and parent transcriptions separately, recognizing that the participants' perceptions of their involvement in the assessment of nursing students' pediatric clinical practice may have differed

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depending on their role within the therapeutic relationship with the nursing student. I first analyzed the transcriptions from the parent participant group followed by the transcriptions from the patient participant group. My supervisor and I independently coded the first transcription for each group. Before coding, we read the transcription once in its entirety to familiarize ourselves with the text. We then read through the text a second time and identified codes in the margin using the comment option in Microsoft Word. While coding, my supervisor and I referred to the research questions of the study to ensure we coded meaningful data in line with the research questions. We read the transcription a third time with the list of identified codes to ensure that the content of the transcription was analyzed in relation to the research questions. Following this coding process, my supervisor and I met to discuss the codes and identify preliminary categories that had emerged. I then organized the codes and categories into both an Excel spread sheet (for ease in navigating the codes and categories) and a Microsoft Word document (which included the interview quotes). I saved these documents on a password-protected computer that could only be accessed by my supervisor and I. We used track changes when codes and/or categories were edited to ensure an audit trail of all decisions made during the data analysis process.

Following the coding and categorization of the first transcription of each participant group, I independently followed the aforementioned process to code and categorize the next two transcriptions. My supervisor and I then independently coded the fourth transcription and we met to categorize our identified codes. I, again, independently coded and categorized the following two transcriptions. After six coded and categorized transcriptions, my supervisor and I met to review and edit the existing codes and categories. We modified the coding structure to include emerging codes and categories that did not fit within the pre-existing categories and we kept an audit trail of all decisions made to ensure the rigor and trustworthiness of the study (Elo et al., 2014; Thomas

& Magilvy, 2011). We were able to do so by recognizing the major patterns within each category. This ensured that the categories remained internally homogenous, with grouped codes that were aggregated appropriately, and externally heterogeneous, meaning that they were mutually exclusive. I continued to analyze the data in this manner until all transcriptions were coded and categorized. I analyzed data of the French transcriptions in this same sequence with the codes being inserted into the coding structure in French. However, when writing the findings of the study in Chapter four, I used free translation when inserting the quotes in English in the text. My supervisor and I agreed upon the final coding structure and categories.

### 3.7 Rigor and trustworthiness

I upheld Lincoln and Guba's (1985; Guba & Lincoln, 1994) four criteria of trustworthiness to ensure the rigor and trustworthiness of this phase of the larger study (Phase II): a) credibility; b) dependability; c) confirmability; and d) transferability. **Rigor** is the criteria to attain trustworthiness throughout qualitative research procedures, such as data collection, data analysis, and interpretation of the findings (Lincoln & Guba, 1985). To ensure the rigor of a study, the researcher must ensure that the criteria of trustworthiness are upheld (i.e. credibility, dependability, confirmability, and transferability) (Lincoln & Guba, 1985). **Trustworthiness** is a criterion against which qualitative study procedures and findings are assessed with the aim of producing findings that are "worth paying attention to" (Lincoln & Guba, 1985, p. 290). As defined by Guba and Lincoln (1989), **credibility** is focused on ensuring that the participants' constructed realities are represented by the researcher. To ensure credibility, I kept a reflective journal throughout the study to recognize my position as the investigator (Thorne, 2016). In doing so, I upheld reflexivity and the representation of the participants' words when writing the findings of this study in Chapter four. As the researcher, I recognized that the qualitative text could not be separated from myself,

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as the author, nor from the readers or the participants of this study (Creswell & Poth, 2018). To ensure the reflexivity of the text, I recognized my own experiences as a patient and as a nursing student. As a former pediatric patient, I frequently encountered and received care from nursing students with the quality of care ranging from poor to excellent. Because I am currently a registered pediatric nurse, I have also previously completed two clinical practicums on a pediatric medical unit at the study setting as part of my undergraduate nursing degree. In building a rapport of confidence and trust with the study participants, credibility was also demonstrated in allowing for detailed sharing when seeking more in-depth information during the interviews. This emphasized the importance of providing the reader with assurance in the veracity of the interpreted data (Loiselle, 2011). Furthermore, with both my supervisor and I participating in the data analysis, individual assumptions were challenged to ensure that the findings were grounded in the participants' reflections.

**Dependability** ensures the reliability of the analyzed data, ensuring the stability of the data over time (Guba & Lincoln, 1989). I therefore kept an audit trail of the data collection and analysis to ensure the study's dependability (Lincoln & Guba, 1985). For this study, I used digital recording of the interviews, which were transcribed verbatim, allowing for scrutiny of the research process and access to the original data. I demonstrated transparency by tracking descriptions of changes of the study which were relevant to the research process (Sandelowski & Barroso, 2003).

**Confirmability** is the requirement to show the reader that the data, data analysis, interpretations, and the study findings remained apart from the researcher and remained objective to the participants and their context (Guba & Lincoln, 1989). I ensured the confirmability of the study data by ensuring the neutrality of all biases (Lincoln & Guba, 1985). The involvement of both my supervisor and I in confirming the accuracy of the analyzed data was imperative for the

attenuation of neutrality. The audit trail also enhanced the confirmability of the study. Moreover, by using direct quotes within the text, I ensured the representation of the participant's voice within the findings while also increasing the confirmability. As I used inductive reasoning, it was imperative for me to recognize the co-constructions, representations, and the interactive processes that occurred between the participants and myself throughout the study to ensure that the encoding of the findings were presented with the language that was used by the participants (Creswell & Poth, 2018; Graneheim et al., 2017). I therefore used both short, eye-catching quotes as well as embedded quotes to illustrate the contextualized text as well as to shift the emphasis within the text (Creswell & Poth, 2018). I therefore presented the findings in a way that reported what the participants said by identifying the emerging codes and categories as well as by presenting in which order these codes and categories emerged (Creswell & Poth, 2018).

As the findings of this study could be relevant to other studies within nursing education and pediatric nursing practice, the **transferability** (i.e. the use of the study data in similar and/or different contexts, and with a different sample) of this study will be important when looking to apply the findings to similar settings (Guba & Lincoln, 1989; Lincoln & Guba, 1985). Therefore, I used rich and thick descriptions of the context and participants' experiences and perceptions, including direct quotes in support of each category, to enhance transferability. This permits the readers to conclude the relevance of this study to their own field.

### **3.8 Ethical considerations**

I obtained ethics approval from both the pediatric teaching hospital at which this portion of the study was conducted (17/163X) and the University affiliated to the study clinical site (H10-01-17) Research Ethics Boards (REBs) (Appendix K). Participant recruitment was contingent on their informed consent with the knowledge of the study's aims, risks, and benefits. Consent to

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participate in this study was evidenced by signatures on information and consent forms, or in the case of telephone or Skype interviews, by verbal consent. Because participation was voluntary, I informed participants that they were free to withdraw at any time without negative consequences to their involvement with the study setting. Furthermore, I notified participants that at any time they could decide not to answer a question if they did not want to.

There were no risks associated to participating in this study, however, participants were made aware that questions could cause them discomfort and that they were not obliged to answer any questions that they did not want to. Although participants did not directly benefit from this study, their participation helped us to understand stakeholders' perceptions of their role in the assessment of nursing students' pediatric clinical practice. This will help to inform future potential strategies for involving patients and parents in the assessment of nursing student's pediatric clinical practice and in nursing education at large.

I respected confidentiality at all times. I stored participants' name and contact information provided on a password-protected electronic file and separate from the participants' study data. I did not ask participants any identifying information during the audio-recorded interviews. If any potentially identifying information was shared during the interview, I did not include it in the transcriptions. I downloaded the audio-recorded interviews onto a password-protected computer, and I erased them from the audio-recorder immediately after the interviews. I tracked the audio-recorded interviews and their respective transcriptions using non-identifying study numbers (i.e. PT 1; PR 1). I stored all other data and study materials in a locked filing cabinet in a locked office that was only accessible by my supervisor and I.

## CHAPTER 4: FINDINGS

In this chapter, I will present the study findings following the analysis of the qualitative data collected. I will first present the participant characteristics followed by a description of the seven categories that emerged from the analyzed data for the parent participants and six categories for the patient participants. Finally, I will present a table (Table 4.0) to summarize the findings.

### 4.1 Participant demographic characteristics

There were 16 participants in this study. Of these participants, nine were parents (56%) and seven were patients (44%). Of the 16 participants, 14 (88%) completed their interview in English and two (12%) completed their interview in French. Furthermore, four (25%) participants completed their interview by phone and 12 (75%) participants completed their interview in person. From the parent participant group, I recruited two parents using Strategy 1 (22%) and seven parents using Strategy 2 (78%). From the patient participant group, I recruited two patients using Strategy 1 (29%) and five patients using Strategy 2 (71%).

One of the parents that I recruited and interviewed from Strategy 1 preferred to not provide demographic information. From the parent participants that I recruited using Strategies 1 and 2 and who did provide demographic information, the age of the parent's child ranged from 18 days to 12 years old. The reporting from parent participants from Strategies 1 and 2 regarding the number of times that their child had been admitted to the study setting since January 2018 ranged from zero to four admissions.

One of the patients that I recruited and interviewed from Strategy 1 preferred to not provide demographic information. From the patient participants that I recruited using Strategies 1 and 2 and who provided demographic information, the patient's age ranged between 15 to 17 years old.

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The reporting from patient participants from Strategies 1 and 2 regarding the number of times that they were admitted to the study setting since January 2018 ranged from one to five admissions.

### *PARENTS*

#### **4.2 How are parents currently involved in the formative assessment of nursing students' pediatric clinical practice?**

At the first point of integration of the larger study, it was evident that few parents are currently involved in providing feedback of their assessment of nursing students' pediatric clinical practice at the study setting. With this knowledge, I opted to ask a more general question about parent's encounters with nursing students when they were hospitalized at the study setting. A broader question made it possible to assess how and in which ways parents are currently involved in the clinical education of nursing students and what their experiences of care have been.

When parents were asked about their past encounters with nursing students, many responded by thoroughly describing their experiences, as well as expressing how they felt when their child was receiving care from a nursing student. One parent participant who had a negative experience with a nursing student verbalized their internal argument on how to proceed with communicating about their experience to a member of the care team.

You don't know what's the right or wrong thing to do. Should I say something about the student? Should I not say something about the student? Should I... you know, you just kind of... you just kind of go with the flow and when, you know, you add tiredness and worry and all of that; and it doesn't... it's not a priority. And so if someone's prompted while they're in hospital, and they can say no if they want to; but if they're prompted at the hospital it does provide that opportunity. (PR 1)

The participant described a lack of opportunity provided for parents to discuss their experiences of care when working with nursing students, despite their desire to be prompted to have such conversations.

#### **4.2.1 Parents' descriptions of past encounters with nursing students**

During their interviews, parents shared their thoughts and observations of the nursing students from whom their child received care during their hospitalization. Parents spoke about nursing students': 1) confidence; 2) ability to demonstrate that they know what they're doing; 3) soft skills; and 4) desire to be involved in patient care.

##### ***4.2.1.1 Nursing students' confidence***

Some parents spoke about nursing student's confidence when providing care, noting that they demonstrated a varying degree of confidence depending on the estimated year of study. Parents felt that students who were presumably further along in their studies demonstrated a greater degree of confidence.

In the hospital, we had a variety of different experiences with the students, ranging from some who were extremely confident and perhaps they were further along in their studies because I don't know if they were all in the same cohort or the same year of study, but certainly at the latter end of our stay we had more experienced students, I think. Whereas at the beginning, we had some fairly junior students and it showed. (PR 1)

Other parent participants spoke about how nursing students' demonstrated level of confidence when providing care informed them as to the student's self-certainty or comfort within the pediatric hospital environment. Furthermore, the parent participants felt that such experiences with nursing students were indicative of the overall care that was provided during their child's hospitalization.

I could tell you one anecdote and that was one that became a standing joke, but it was an example of the care that we got. The gentleman that we had as a student was so sweet, he really was, he was just very timid and not very confident. And he came in at one point and he was just staring at my daughter, just looking at her (...) And at one point he turned to me and he looked very panicked, and he said: I don't want you to think that I'm just in here to stare at your daughter. Like, I'm actually looking at her breathing. So we just started laughing. (...) it kind of

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became a bit of a running joke, but it's an example of how timid he was and you know, that he felt very unsure of himself in that environment. (PR 1)

### *4.2.1.2 Nursing students demonstrating that they know what they're doing*

When describing their past encounters with nursing students, parents commented on whether or not students demonstrated that they knew how things work in their environment. Parents explained that nursing students are still learners, which might explain their uncertainty: "some of them know exactly how things work and some are not too sure, they're still learning" (PR 4). One parent explained that the way in which nursing students manipulated their environment was telling for them as to if the student knew what they were doing:

I'll admit that I've seen many (...) and there were some that were... who seemed to know how things worked, of what they had to do, and they knew how to best align themselves (for their work). But there were others where it was like "ok, I'll look around", and who seemed to be thinking, I'm not sure which button to push. (PR 8, free translation)

Another parent described the negative impact on their daughter's (the patient) experience of care, such as an increased level of anxiety while in hospital and the anticipation of pain, when she had a nursing student who did not demonstrate that they knew what they were doing:

It provoked a little bit of anxiety inside of her when she felt that the nurse wasn't exactly sure. Especially when it came to moving her (...) the nurse that we had initially at that point was so timid that it made her nervous because she felt that she was going to anticipate more pain because she didn't know if the nurse knew what he was doing. And so, it made her anxious. (PR 1)

### *4.2.1.3 Nursing students' soft skills*

Many parents spoke about nursing students' 'soft skills' when providing nursing care at the study setting. For some, nursing students demonstrated their soft skills by introducing themselves and being friendly with patients and parents: "they always introduce themselves, seem

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friendly and we are happy to have them and learn as well” (PR 9). Parents spoke positively about these skills and how the nursing student’s presence during difficult moments had a positive impact and provided comfort:

She saw that I was upset whenever I saw some of the findings and she actually went around the doctor to be able to come and give me a nice touch on the shoulder and say, you know... we’re here for you and so, it was nice (PR 5)

Other parents spoke about the importance for nursing students to foster soft skills when providing nursing care as well as the negative impacts experienced by parents when these skills were absent. For example, one parent described an interaction with a nursing student that they felt was “off putting” when the student said that they understood what the parent was going through in a difficult moment. For this parent, although they recognized that the student wanted to provide comfort, they would have preferred an empathetic response:

There was one thing that was a little off putting because I am an older mom and uh... she was young, and I can tell that she was there to comfort. The only thing whenever she said “I understand what you’re going through” (...) it is hard to hear whenever somebody says, “they understand”. They can empathize but they can’t 100% understand what you’re going through. (PR 5)

### *4.2.1.4 Nursing students wanting to be involved in patient care*

When recounting their experiences receiving care from nursing students, parents spoke positively about nursing students’ demonstrated desire to be involved in patient care: “it was nice to be able to see somebody that wanted to be involved” (PR 5). Furthermore, parents spoke about the psychosocial and clinical aspects of care that nursing students took the initiative to be involved in, commenting on the benefits for their child (the patient).

By the time we got to the third day, where my daughter, she was in the hospital for scoliosis so she had back surgery, so by that point she was back on her feet, so we had a student assigned to us who was phenomenal and who spent a lot of time

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talking with her and clinically was helping her with the walking and what not, and that was great. (PR 1)

While other parents spoke about the benefits that they themselves reaped from the nursing student's initiative to be involved in not only their child's (patient) care, but also in ensuring the well-being of the family unit. For this parent, such involvement proved to them that although nursing students are still learners, they are capable of providing nursing care:

if it wasn't for them earlier... I wanted a small break (...) so, they actually offered to play with her, spend time with her while I went and got myself a coffee. And then I came back, and they played with her, and she was fine. So, it proves to me that they were capable of doing their jobs even though they're still learning. (PR 4)

When speaking about their past encounters with nursing students, parent participants did not mention being formally involved in the assessment process of the nursing students who provided care during their child's hospitalization at the study setting. Rather, parents spoke about their observations of nursing student's confidence, their 'know how' within the pediatric hospital environment, their soft skills, and their desire to be involved in patient care. Furthermore, parents spoke about the impacts, both positive and negative, of each of these elements of nursing student care for themselves and for their child (the patient). Although parents did not report being formally asked about their experiences and thoughts when working with nursing students at the study setting, their intelligible and concise descriptions of their observations is telling of their ability to assess nursing students and to provide feedback on these assessments, as they did during their interviews.

### **4.2.2 Parents' perceptions of their role in nursing students' pediatric clinical education**

When asked about their experiences receiving care from a nursing student, the parent participants spoke about their perceived role in the clinical education of nursing students.

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Specifically, parents spoke about: 1) their unwillingness to be involved in nursing students' clinical education; and 2) providing opportunities for nursing students to learn.

### *4.2.2.1 Unwillingness to be involved in nursing students' clinical education*

Some parents felt an obligation to act as a teacher for nursing students, despite their unwillingness to do so, with the intention of ensuring that their child (the patient) would receive adequate and individualized care that was appropriate for their age.

I would be like "I don't want to have to teach you anything" right? Some people might just say "I don't want to have to tell you to be gentle with my child or to speak lightly or to get down at their level, ask them permission and talk to them like they're the patient" because they are! Not just talk over them. (PR 5)

Furthermore, when speaking about their perceived role in the clinical education of nursing students, parents expressed feeling pressured to accept to receive care from a student, despite their unwillingness to do so.

I think there was that pressure because, they kind of put the ball in your court saying 'Do you mind?' and you kind of do want to help but you don't want to be the bad guy. So sometimes you really mean, you want to say no but the yes comes out and it doesn't feel positive. (PR 6)

In discussing this pressure to work with nursing students, many parents reported not having known that they had a choice in the matter and took it as a part of being hospitalized at the study setting that they would receive care from nursing students. Moreover, parents indicated that they had only considered the impacts of working with a nursing student retrospectively, once discharged from the hospital, given the context of being hospitalized.

You're kind of in the throws of it at that moment. You're, you know, running on a couple of hours of sleep, and so you just take whoever's coming in. And its only afterwards that you have the time to really think about it. But, so, it never would have occurred to me, honestly while in the hospital, to say: you know what, today,

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we don't want to have a student. We just took it as part of being in the hospital.  
(PR 1)

Parents therefore recommended that there be a better and more individualized assessment of the patient's and parent's desire to work with a nursing student as well as of the impacts that involving a student in their child's care could have on a day-to-day basis.

That would be one of my feedback, to kind of assess when there are times when it might be a little bit more... um, more difficult for a parent, to have the patient, to deal with a student who might not know exactly what they're doing or they're trying out things. Sometimes, you don't want that to be the day when they're trying out things on your kid. (PR 1)

#### ***4.2.2.2 Providing opportunities for nursing students to learn***

On the other hand, many parents felt positively about their experiences receiving care from nursing students and expressed feeling happy to have a part in their education, knowing that these given opportunities will allow them to progress in their learning.

It makes people happy knowing that a person is going further in life, and learning, and getting better at what they want to do because of your child, and the fact that you actually let them and gave them the opportunity to do things with your child that I'm sure some parents won't let them do. (PR 4)

Parents indicated the added value of involving nursing students in their child's care for students, for themselves, for their child, and for the nursing staff. One parent, who expressed their support for nursing students being involved as much as possible in their child's care, felt that the students provided a fresh outlook from that of the assigned nurses and that their presence had a positive and notable impact on the hospital environment:

I support the nursing students coming in and doing as much as they can. I think that is valuable, it is nice to see, it's good to see young students coming in and learning, like I think that it provides something else to the environment too, like I also think it helps keep maybe some things fresh to the nurses who are working

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here day in and day out, being able to see things through fresh eyes and to have to teach. I think that puts a check on them too. (PR 9)

Another parent spoke about how their experience working with nursing students allowed them to have a teachable moment with their daughter about the students' learning process to becoming experts and how they, as a family, were playing a role in that:

But at the same time, it allowed us to have a teachable moment with our daughter, you know, to say that you don't become an expert until you've had... everyone starts off learning, and this is them learning, and we're playing a role in that. (PR 1)

When parents' children were hospitalized at the study setting, they received care from at least one nursing student who was completing their pediatric clinical placement on a medical or surgical unit. When asked, parents reported feeling a sense of obligation and pressure to not only accept having a nursing student provide care to their child and family, but also to teach the nursing student how to provide individualized nursing care to meet their child's needs. Although some parents reported not having been aware that they could refuse nursing student involvement in their child's care, some parents recommended to remedy this difficult position that parents are finding themselves in by considering the patient's and parent's health status and needs on a day-to-day basis. Despite the complexities of their perceived role in the clinical education of nursing students, many parents reported feeling positively about nursing students' involvement in their child's care during their hospitalization. They reported feeling happy that they could play a role in their clinical education and progress while also recognizing the added value for parents, patients, and nursing staff of involving nursing students in patient care.

### **4.3 How would parents like to be involved in the formative assessment of nursing students' pediatric clinical practice?**

When parent participants were asked about what they would want to assess in order to help nursing students improve their clinical practice, parents identified the elements of pediatric nursing student care that they would want to assess, and how they would like to provide feedback of their assessments.

#### **4.3.1 Elements of pediatric nursing student care that parents want to assess**

Parent participants identified three core elements of pediatric nursing student care they would want to assess if given the opportunity. These were nursing students': 1) problem-solving skills; 2) confidence; and 3) interpersonal skills.

##### ***4.3.1.1 Nursing students' problem-solving skills***

Parents expressed a desire to assess nursing students' problem-solving skills. Specifically, parents would like to assess if nursing students can provide a variety of solutions to a given problematic situation: "their problem-solving skills in terms of, you know, assessing the individual situation at that moment and coming up with a variety of different solutions" (PR 1). For many parents, nursing students would demonstrate their ability to problem-solve by being thorough when providing information to parents and by seeking the proper information if they are unsure, either from the assigned nurse, their clinical instructor, or through the hospital's resources. For example, one parent would want to assess "how often they defer to the nurse that they are paired with" (PR 9) in moments of uncertainty. Whereas for other parents, this would mean avoiding making a mistake by accessing the available resources to ensure that the correct information is provided, regardless of the nursing student's patient load.

It is simple as taking a moment, going and coming back and then saying, "it's this" and being sure about it rather than "I have so many other patients, I am too busy to look for the right information and oh, if it's a mistake, it's a mistake". (PR 5)

#### ***4.3.1.2 Nursing students' confidence***

The second element of pediatric nursing student care that parents expressed a desire to assess and to provide feedback on is nursing student's confidence. Recognizing that confidence can be difficult to measure: "It comes down to confidence as well, which is a hard thing to measure" (PR 1), parents, also recognized that these are attributes that are built upon with experience: "So I think that confidence level about how comfortable they are with the physical aspects of what they're doing probably would be something that I would want to take a look at, for sure" (PR 1).

Parents spoke about how a nursing student's demonstrated level of confidence can impact their trust and their perception of if the student knows what they are doing when providing nursing care to their child. One parent alluded to the concept of "fake it till you make it" and how, for them, nursing students demonstrating a level of confidence that would be seen on their last day of nursing school, would be of great reassurance.

So, it would be like "I got you" I want to feel like if a student is coming in, like you said, it is for the benefit and it is also like I need to have trust that you know what you're doing and the fact that like "fake it till you make it" (...) and I don't need to know what year you're in, but I want to feel like it is your last day of school. (PR 5)

#### ***4.3.1.3 Nursing students' interpersonal skills***

Lastly, parent participants identified nursing students' interpersonal skills as an element of pediatric care that they would want to assess in the future and to provide feedback on. Some parents spoke about their desire to assess nursing students' interpersonal skills more so than their technical skills. For these parents, the assessment of technical skills should be completed by their clinical instructor who often accompanies students during their provision of care: "definitely it would be

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more of the interpersonal skills and being able to work on that more than “did they get the heart beat right” because you have a professor that’s beside you” (PR 5). Other parents spoke about the importance of the nursing students’ interpersonal skills for building a rapport with their child (the patient) and themselves and how establishing a good rapport would positively influence their feelings of comfort in receiving care from a nursing student: “we could definitely assess their interactions with us and how comfortable they make our son feel, how comfortable they make us feel. More the rapport would be the biggest thing” (PR 9).

When speaking about assessing how nursing students establish a rapport with patients and parents, parents also identified students’ bedside manner as being an equally important component of their interpersonal skills that they would want to assess: “I would mostly be assessing more of their bedside manner, their ability to build a rapport with us” (PR 9). Moreover, parents discussed wanting to assess students’ bedside manner in how they engage in conversation with children and adolescents, emphasizing how a nursing student’s approach should be adapted to the patient’s age:

I would want to assess their bedside manner, their ease in engaging in conversation with, and in this case, children, which is a whole different ball game. Or even the difference between a child and an adolescent, right, and so how to approach that. (PR 1)

In keeping with the pediatric context, parents identified the interpersonal skill of communication as being an aspect of nursing students’ pediatric care that they would want to assess and provide feedback on. More specifically, parents want to assess nursing students’ knowledge and skill set when they are engaging and communicating with children.

Do they have the knowledge or the skill set to be able to speak to the kids or to the patients in a way that explains to them (...) So, do they have the skills? Are they trained to help engage the kids. (PR 1)

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Generally speaking, parents also expressed wanting to assess if and how nursing students address parents' concerns and questions. Moreover, parents emphasized that although they are the parents and the experts of their child, nursing students need to recognize that they are also responsible to the child (patient): "do you have any questions for me" and then asking "is there anything that you have a concern about" because these are children and they're ours but essentially, they're yours too because you're the one taking care of them" (PR 5).

When asked, parents identified nursing students' problem-solving skills, level of confidence, and their interpersonal skills as elements of pediatric nursing student care that they are willing to assess. Furthermore, parents felt that these elements of care would be the most relevant and important aspects of the care that their child and family receive from students and therefore those that they would want to assess.

### **4.3.2 How parents would like to provide feedback of their assessment of nursing students' pediatric clinical practice**

When speaking about the elements of nursing students' pediatric care that they would want to assess, parents specified how they would want to provide feedback of their assessments including the: 1) format; 2) method; 3) timing of feedback provision; and 4) assurance of the anonymity of their feedback.

#### ***4.3.2.1 Format***

Many parents spoke in favor of being given a questionnaire to complete while in hospital and how this format of feedback provision would be fast and stress-free: "a questionnaire is a great tool that can be pretty fast, that doesn't require a lot of time, not a lot of stress" (PR 8, free translation). Parents who were in favor of a questionnaire were flexible in how the questionnaire should be delivered, whether it be a paper or an electronic copy: "I think usually like a survey, whether it's paper or electronic, would be best" (PR 6). One parent spoke about the importance of

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giving parents the decision of how they would like to provide their feedback, be it a questionnaire or not: "To be able to give the opportunity to give the chance to the parent to say, "this is how I'd like to assess" (PR 5). Few parents were against receiving a questionnaire for feedback provision, explaining that it was not something that they would feel like doing during their child's hospitalization: "Because frankly if someone comes in and hands me a questionnaire that I have to sit down and write, like not something I feel like doing at the moment" (PR 9).

Furthermore, some parents also spoke against providing formal feedback of their assessment, stressing that a format with few questions would be best: "If it were to be formal I would want very few questions on a Likert scale" (PR 9). One parent emphasized that a format of feedback provision that is too long or too complicated could be a risk for losing parent involvement in the assessment process of nursing students' pediatric clinical practice, which leads to feedback: "it shouldn't be anything that's too long, too complicated. Because you'll risk losing some people" (PR 8, free translation). Another parent expressed their preference to receive an email following their child's discharge from the hospital to provide feedback on their assessment of nursing students' pediatric clinical practice: "to send an email after being discharged from the hospital and to say "can you assess us?" (PR 7).

One parent spoke about providing an online game-oriented format for children to best engage them in the process of feedback provision. This parent also spoke about the fact that providing feedback of their assessments directly to a nurse or the nursing student could be uncomfortable for children who often see nurses as a figure of authority, and therefore would not be ideal for children's involvement in the assessment process:

Well I think online for kids in general is always a good thing (...) I mean, I speak for my daughter, but just generally speaking, at that age they're not into the confrontational style of doing it with the student themselves. And then with the

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nurses, it's a figure of authority, so that's always a little weird for them. So, I would say for kids, it's probably best to kind of a third... more anonymous... well, not anonymous, but something that's more question and answer, kind of gamy, whatever that they can get engaged in. (PR 1)

Furthermore, this parent expressed that such assessments would need to be very specific in nature for children to best manage and understand. This would therefore require providing children with very specific questions and information to jog their memory about their encounters with nursing students from whom they have received care. This parent also indicated that by providing such information, the recipients of the feedback would be more likely to receive more useful information about the nursing student's performance:

Assessments like that would need to be very specific in nature (...) so that it kind of jogs their memory (...) like if you were to ask her: when they gave you that medication, you know, when you received medication was it done in a) this way; b) this way... you know, it would allow her I think, um, to give you more useful information and it would prompt her memory. So, being specific would definitely be helpful and asking very like, you know, detailed questions about like what was your experience when, you know, when you felt... when you felt sad? What bedside manners did the student have? You know. Those kinds of things. And then that, I think, will help you get better answers. (PR 1)

### ***4.3.2.2 Method***

When speaking about the method of delivery of their feedback, parents identified the assigned nurses and the clinical instructor of the nursing students as being the people to whom they would want to give their feedback of their assessments of nursing students. One parent expressed wanting to provide their feedback to the assigned nurse and that that nurse would complete a questionnaire on the parent's behalf: "It would probably be in the form of just having the nurse check in and say by the way how was that student? And then have the nurse fill out the questionnaire" (PR 9). Another parent expressed wanting the charge nurse, who oversees the entire

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unit, to circulate every day to ask parents about their experience when receiving care from a nursing student and to then speak directly with the nursing student about their feedback. This same parent also indicated that the clinical instructor could circulate to receive the feedback and that afterwards, the nursing student, the clinical instructor, and the parent could meet together to discuss the feedback:

Maybe the charge nurse or, um, their supervisor could come by every day to ask what we thought, and after that we could have a brief meeting with him (the nursing student) at the end of the day, or after his... his shift. (PR 7, free translation)

Other parents identified the nursing student's clinical instructor as being their only preferred person to provide their feedback to of their assessment: "if it's the instructing nurse, that would probably be the best way if there's an opportunity to have that kind of feedback" (PR 1). Finally, a parent expressed that they would want to provide their feedback to a person who is specifically trained in delivering the type of feedback that they would give to nursing students. For this parent, the feedback provided to nursing students should be of a global assessment message, which identifies the nursing student's strengths and weaknesses:

to have someone who is trained in delivering that kind of feedback essentially and not doing it on a patient by patient basis but getting the take home, here's your strengths and here's your weaknesses in a way and recognize like if there is someone who knows how to deliver the feedback, everyone has weaknesses kind of the method that it is delivered. (PR 9)

### ***4.3.2.3 Anonymity***

Many parents spoke about their desire to provide anonymous feedback of their assessment of nursing students' pediatric clinical practice. Anonymity was expressed to be important so that parents would not be worried about their feedback having negative repercussions: "I think anonymous, that way folks would be less worried about giving, you know feeling like what they

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say might come back to them” (PR 6). Even for parents who reported not having a problem with being identified for the feedback that they provided, emphasizing the importance that feedback should be trackable, they felt that the element of anonymity should be individually assessed.

I certainly have no problems being identified for feedback. Um... it's a fairly individual thing, though, um... but I think, you know, especially if there's something very specific that was brought up in terms of feedback, I think it's important for it to be trackable to the particular experience at hand. (PR 1)

#### ***4.3.2.4 Timing***

When parents spoke about how they would like to provide feedback of their assessment of nursing students' care, the concept of timing was mentioned by many parents. They spoke about timing in the sense of the time of day, the time during their hospitalization, and providing a flexible amount of time for parents to provide their feedback. Parents found that it would be beneficial to provide feedback on multiple occasions, as opposed to one summative assessment provision period, and while in hospital. This was found to be beneficial because it would be 'fresher' in their memory as the assessor: “The benefit of having it done, for instance, if we were in the hospital and we were asked about it more regularly while in the hospital is that it would be fresher“ (PR 1). Furthermore, parents spoke about the importance of not only providing feedback during hospitalization, but also that it be provided at the end of the nursing student's shift with the intention that problems and concerns be addressed in a timely manner. Additionally, this parent spoke about their desire to be prompted for their feedback of their assessment of the nursing student, further speaking to the knowledge that patients and parents are not actively being asked for their feedback of their experiences when receiving care from nursing students:

So, I absolutely think that on-site, and either it be at the end of the shift or at the end of the day, or whatever, but that it be prompted while you're there so that you can help address issues if something's happening right there, right now. (PR 1)

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Lastly, parents expressed their desire to have a flexible window of time to provide feedback of their assessment of nursing students from whom their child received care. Parents would require that plenty of opportunity be provided for giving their feedback as well as ample consideration of their context when prompting them for an assessment which leads to feedback. For example, parents reported that their day of admission and/or day of discharge would not be ideal days for them to complete an assessment and/or provide feedback of their assessment. Moreover, parents described wanting to feel settled and comfortable within the hospital environment before being initiated in the assessment process.

Making sure to catch the parents at a good time, giving them lots of opportunity, (...) "Is this a good time? Can I come back?" Giving a good window, like you know, would tomorrow afternoon? That type of thing, making sure it's not on the discharge date or the intake date. Probably want to wait a few days after parents have been admitted just to make sure they kind of get comfortable. (PR 9)

When speaking about how they would like to provide their feedback of their assessment of nursing students' care, parents were clear in stating their preferences and expectations. Although many parents recommended the use of a questionnaire with pre-determined questions, they would also like for their selection of the format of their feedback provision to be taken into consideration. Parent participants clearly identified that they would want to provide their feedback of their assessments to assigned nurses or clinical instructors, who are Registered Nurses, as the method of delivery while also ensuring anonymity. Finally, parents require flexibility and consideration of their time and context when providing feedback of their assessment on a day-to-day basis.

### **4.4 What are the potential benefits and challenges of involving parents in the formative assessment of nursing students' pediatric clinical practice?**

During their interviews, parent participants were asked to reflect on the potential benefits and challenges that could be associated with their future involvement in the assessment of nursing

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students' pediatric clinical practice (Appendix L). Parents were also asked to identify potential strategies for mitigating the possible challenges associated to their involvement as well as facilitating factors that could make it easier for parents to provide their feedback of their assessment of nursing students' pediatric care.

### **4.4.1 Benefits of involving parents in the assessment of nursing students' pediatric clinical practice**

When speaking about their perceived benefits of being involved in the assessment of nursing students' pediatric clinical practice which leads to feedback, parent participants identified two central benefits: 1) it's the best way for nursing students to learn; and 2) parents and patients having a say in their experience of receiving care from a nursing student.

#### ***4.4.1.1 It's the best way for nursing students to learn***

Overall, parents felt that their feedback of their assessment of nursing students' pediatric care was a way for nursing students to receive 'real' feedback from the recipients of their care: "I think it gives them real feedback from real patients/clients. I think it gives them real feedback from real patients/clients. So it's not a simulation it's a real opportunity to practice" (PR 6). With such feedback, parents expressed that:

(...) it's the best way for them to learn is to hear, you know, to hear what the work that they're doing, or the actions that they're taking, or the decisions that they're making over the course of someone's stay, what impact that's having on them.  
(PR 1)

Parents also expressed that, although nursing students receive feedback from other healthcare professionals, parents' and patients' feedback is unique in that they are on the receiving end of the nursing students' care, instead of being a spectator of the nursing students' provision of care. Such a unique perspective was thought to be able to help nursing students' practice by identifying their strengths and weaknesses.

You know, they get, I guess, a lot of that feedback from their colleagues, from

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the senior nursing staff, from the physicians perhaps; but in the end... in the end we're, as a family unit, and my daughter as patient, they're the ones on the receiving end of it. So, I guess it can only help their practice. It can help them to be aware of what their strengths and weaknesses are, as well. (PR 1)

Furthermore, parents expressed how their feedback of their assessment of nursing students' pediatric care would be for the betterment of others, as well, such as the assigned nurses and the clinical instructor who would become better informed on the strategies that need to be utilized differently in the future for nursing students' optimal performance.

And being able to give an assessment and giving feedback is only for the betterment of everybody essentially, for the student, for the staff, for the teacher to know later on "what can we do differently or what's good and look what we need to continue". (PR 5)

Parents emphasized the many benefits for nursing students of having them provide feedback of their assessment of the students' nursing care. Parents believed that their feedback could be a positive element of the overall assessment process for students and this could even help in boosting their confidence: "I think there's huge benefits to nursing students to receive the feedback. I think a lot of the feedback would be positive and confidence boosting for them" (PR 9). Parents felt that their feedback could have lasting benefits for nursing students by helping them to become good healthcare professionals for their future patients.

Well I think that in the long end its more, because it helps benefit them and it helps them in their paths to become better nurses for future patients, they will be the end result of the benefits rather than the current patient. (PR 6)

### *4.4.1.2 Voicing concerns*

Although very few parents felt that there were many benefits for themselves of being involved in providing feedback of their assessment of nursing students' pediatric clinical practice: "the advantage for me of being involved in the evaluation process? Hum, I'm not sure

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that there really is an advantage for us" (PR 8, free translation), one parent expressed that the opportunity to provide feedback on their experience of receiving care from a nursing student would allow them to voice any of their concerns of the care provided:

I think it gives you a venue to voice some of your concerns (...) like I said you have so many interactions and sometimes you want to be able to provide that feedback and maybe that provides you a way to do that. (PR 9)

In the same vein, another parent spoke about the opportunity that this could provide to solve problems that may arise between them and the nursing student while their child is hospitalized. Furthermore, this parent felt that such an opportunity would also allow their daughter to have a voice in the care that she received and to feel heard:

it could've maybe helped solve some problems that we encountered while in the hospital... um, but that we just kind of lived with, and it wasn't the end of the world... um, you know, it would've helped; it helps my daughter as well to feel like she's heard. (PR 1)

When speaking about the benefits of their involvement in the assessment process of nursing students' pediatric clinical practice, which leads to feedback, parent participants identified few benefits for themselves and for their child (the patient) as well as many benefits for nursing students and for assigned nurses and clinical instructors. Parents believed that the impacts of their feedback would be beneficial for nursing students both in the immediate moment for their learning as well as for their future career as a healthcare professional. Finally, parents emphasized the importance of nursing students receiving 'real' feedback from parents and patients as they are the ones who are on the receiving end of nursing students' care, and therefore, that they are in the best position to provide feedback of their experiences of receiving care from a nursing student.

#### **4.4.2 Challenges of involving parents in the assessment of nursing students' pediatric clinical practice**

When asked about their perceived challenges of providing feedback of their assessment of nursing students' pediatric clinical practice, parents identified four main challenges: 1) parents' perceived lack of knowledge of the expectations and standards that regulate nursing students' clinical practice; 2) parents' concern of being blamed or having inflicted feelings of remorse; 3) parents' own ability to manage their emotions and stress that arise from being hospitalized with an ill child; and 4) the negative impact that their feedback could have for nursing students' confidence.

##### ***4.4.2.1 Perceived lack of knowledge of expectations and standards***

Parents acknowledged their lack of knowledge of the expectations and standards that nursing students must meet when providing nursing care: "It's not that I don't want to assess, its more I'm not sure I could give a good assessment based on the expectations and standards" (PR 6). Parents felt that their lack of expertise in the field of nursing would present an important challenge in being able to discriminate between effective and ineffective nursing care: "I mean, because I'm not an expert in that field myself, so I would have a challenge knowing what's effective and what's not effective"(PR 6). Furthermore, parents specifically identified the technical aspects of nursing care as being particularly challenging for them to assess given that they do not work in the field of nursing: "the technical side, I can't evaluate because honestly, I have no clue, I'm not a nurse" (PR 8, free translation). While other parents felt that the overall competencies needed to provide nursing care would be difficult to assess and that such competencies should be assessed by someone within the field of nursing: "In the sense that, for me, competency is difficult to evaluate because I'm not a nurse. I think that the evaluation of competencies should come from someone who does that kind of work and who's capable of assessing" (PR 2, free translation).

#### ***4.4.2.2 Providing an honest assessment without blame or remorse***

Parent participants expressed a concern that providing honest feedback of their assessment could result in blame or remorse: “feeling that you can be honest without feeling like there’d be any remorse” (PR 5). Because of this challenge, parents spoke about the difficulties that they could encounter to provide ‘real’ feedback if there was something negative to be said: “Or sometimes it can be difficult to give the real version if we saw something that was a bit more negative”(PR 2, free translation). Moreover, parents feared that they would be seen as unkind or judged when providing feedback, despite their desire to remain kind with nursing students: “Because we don’t want to be mean, right, we don’t want, um... to be the mean ones (...) I don’t want to be pointed the finger at, or judged, or what not” (PR 8, free translation).

#### ***4.4.2.3 Parents managing their own emotions and stress***

Parents reported having difficulty with managing their own emotions and the stress of being hospitalized with a sick child. For some parents, this emotional and stressful context was not conducive to their potential involvement in the assessment process of nursing students and they felt that such involvement would only add another level of stress, feeling that they would need to be mindful of managing the nursing student’s emotional reaction to their feedback as well.

While at the hospital, I think the last thing that you need when you’re a parent is to have to manage someone else’s emotions because you’re already managing your own and you child’s. And so, I think that having to give that feedback directly to the student would just add another level of stress because you don’t know how they’re going to take it and, you know, you have to be careful and what not. And when you’re that tired, and you’re that stressed out, it’s the last thing that you want to be mindful of. (PR 1)

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In addition, parents spoke about the anxieties and fatigue that come with being hospitalized with a sick child and that for this reason, they would not necessarily want to be involved in the assessment process of nursing students' pediatric care in such a heavily stressful environment.

To have a child who's sick, it's an environment that's super stressful for us, our emotions are intense, um... we want good news, we don't know what's going on, um, it's really a lot that's going on. The tests, um, the fear, the anxiety, so to have to also assess, um... I'm maybe a bit less willing! A bit less! (PR 8, free translation)

Furthermore, parents spoke about how the stressful environment and their fatigue could have a negative impact on their assessment process and that the feedback would therefore be less constructive as a direct result: "everyone's tired and stressed out and whatever, and if there really is some negative feedback... um, I don't see that as being particularly constructive" (PR 1). Parents expressed that by catching them at their worst, in such a stressful situation, they may be harsher in their feedback.

It comes back to the time a lot of it and you are also catching parents at their worst in a lot of cases so they themselves may be more harsh than they even intend to be just because of the stress of the situation. (PR 9)

### ***4.4.2.4 Potential impacts on nursing students' confidence***

Parents spoke about the potential impacts that their feedback of their assessment of nursing students' pediatric care could have on students. Parents spoke about the fact that nursing students could feel more nervous when providing care to their child if they know that the parent is assessing them: "it would be the same thing of having an instructor right? So it's like nerve wracking to know how did I do, did they like me today, did I do OK?" (PR 3). Parents also spoke about how certain parents and patients might provide unreasonable feedback of their assessment of nursing students' pediatric care and that this might negatively influence nursing students' level of

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confidence: "I also think some patients, parents might provide feedback that is not reasonable so I think it should go through someone else, and hopefully given that it doesn't impact their confidence too much" (PR 9). Furthermore, parents expressed their concern that such harsh feedback could not only affect nursing students' confidence, but also their level of comfort when interacting with patients: "they might be scared to become more involved with the patients (...) and scared to not do well" (PR 7, free translation). In turn, parents felt that such discomfort could negatively influence patients' comfort in receiving care from nursing students.

Parents saying things that are unreasonable and not fair, being overly harsh and again impacting their confidence, because I do think it is important that the nursing students feel comfortable in interacting with the patients to put them more at ease. (PR 9)

Finally, parents were concerned that the impacts of their feedback could be discouraging for nursing students and that they could become less motivated in their education.

I think that the students could be discouraged maybe, so I think that everyone is doing their best, and that... if the students are training here, and if there are too many negative things that it could be discouraging, and maybe... in the end... they could become unmotivated. (PR 7, free translation)

In summary, parent participants' perceived challenges to providing feedback of their assessment of nursing students' pediatric clinical practice are of concern for the well-being of nursing students, their child (the patient), and themselves. Parents' perceived lack of knowledge of the clinical expectations and standards that regulate nursing students' practice resulted in parents expressing their discomfort to assess some aspects of the technical care that students provide or their overall competencies. Parents expressed that they do want to assess nursing students' pediatric care and provide feedback on their assessment, but that they recognize their own limitations in knowledge of nursing care. Parents also acknowledged that being hospitalized with

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an ill child is a very stressful context to be in and that this resulted in emotions running high, increased stress, and fatigue. Given their context, parents expressed that they did not want the added stress of also having to be concerned with managing nursing students' emotions should they have a reaction to the provided feedback of their clinical practice. Furthermore, parents were concerned that their high emotions and stress could lead to harsher assessments and feedback of nursing students' pediatric care. Parents were also concerned about the potential impacts for nursing students of receiving feedback of their clinical practice. Parents' primary concern was that negative feedback could lead to students' decreased level of confidence and comfort in providing nursing care and, that in turn, this could negatively affect the therapeutic relationship between patients and students. Moreover, parents also spoke about how negative feedback could be discouraging for nursing students leading to a decreased feeling of motivation in their clinical education. Finally, parents voiced a concern of being blamed or feeling remorse if they were to provide the 'real' version of their feedback of their assessment of nursing students' pediatric clinical practice. Parents expressed that this concern could result in a certain censoring of the feedback provided to avoid being blamed, judged or having inflicted feelings of remorse.

### **4.4.3 Facilitators for parent involvement in the assessment of nursing students' pediatric clinical practice**

When parent participants were asked to identify facilitators for their future involvement in the assessment process of nursing students' pediatric clinical practice which would lead to feedback, they identified two facilitating factors: 1) giving parents a heads up that they will be asked to participate in the assessment process; and 2) ensuring that involvement is voluntary.

#### ***4.4.3.1 Giving a heads up***

Parents felt that before becoming involved in the assessment process of nursing students' pediatric care, they would prefer "to have a bit of context to be able to assess them properly" (PR

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8, free translation). Many parents felt that such information should be provided at the beginning of their hospitalization to ensure that they are being mindful of the elements of care that they will be expected to provide feedback on: “I think maybe at the beginning of the stay, indicating that that kind of information would be helpful so that you know what to remember from the experience” (PR 1). Other parents felt that information should be provided only when they begin to work with nursing students, regardless of the timeframe of their hospitalization: “maybe just being told right from the start the first nursing student you meet, “just so you know, you’re going to get a chance to give us some feedback on this” (PR 9).

Finally, most parents mentioned that the provided information should include an explanation of the nursing student’s role and the tasks that they will be completing during their shift to give parents the chance to understand and to take in the information.

it is kind of just like “just wanted to let you know, the student is here, they are going to be observing, this is what is going to be happening, this is what it is going to look like” to give the parent the chance to wrap their head around it. (PR 5)

#### ***4.4.3.2 Voluntary participation***

Parents spoke about the importance that their involvement in the assessment of nursing students’ pediatric care which leads to feedback be voluntary, meaning that they would have the option to refuse to provide feedback despite being asked: “As long as you can always refuse to provide the feedback, it’s nice to be asked probably“ (PR 9). In this discussion, parents expressed the importance of having a choice and an opinion of their involvement and that it be recognized that being involved in the assessment process: “give the parents a chance to have an opinion or a choice, I should say. Having a choice to say, yes, I would like to be involved or not because it is an extra step” (PR 5).

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When asked, parent participants identified two facilitating factors to ease their involvement in the assessment process of nursing students' pediatric clinical practice. Parents expressed a desire to receive information regarding the context of care and the role of the nursing student in their child's care (the patient) prior to being involved in the assessment process. Parents differed on the moment at which they wanted to receive this information with some parents recommending that it be provided on admission and others recommending that it be provided only when parents begin to work with nursing students. Furthermore, parents emphasized the importance that their involvement in the assessment process be voluntary expressing the desire to be given options in their level of involvement as well as needing recognition that their involvement would require further effort on their behalf.

### *PATIENTS*

#### **4.5 How are patients currently involved in the formative assessment of nursing students' pediatric clinical practice?**

As it was described for parent participants, few patients were involved in providing feedback of their assessment of nursing students' pediatric clinical practice at the study setting, at the time of the study. However, in their interviews, when asked about their past encounters when receiving care from nursing students, patients intelligibly provided feedback of their assessment of the nursing students from whom they received care during their hospitalization.

##### **4.5.1 Patient's descriptions of past encounters with nursing students**

When describing their past encounters with nursing students, patient participants spoke about: 1) students' bedside manner; 2) students' demonstrating that they know what they're doing within the clinical context; 3) students' demonstrated confidence in providing pediatric care; and 4) feeling reassured by the presence of the nursing student's clinical instructor.

#### ***4.5.1.1 Nursing students' bedside manner***

When speaking about their observations of nursing students' bedside manner in their past encounters during their hospitalization at the study setting, patients described how nursing students would always introduce themselves and that they would let them know what their role would be in the patients' care: "They were good. They would always introduce themselves and let me know that they're a nursing student, either to help out or observe" (PT 1). Furthermore, patients' assessments of nursing students' bedside manner included the students' generosity, kindness, and ability to be humorous when providing care: "Well they were very generous to me and they were uh very kind and there wasn't any problems, they were always you know they were even like, they were being humorous with me and they were being nice" (PT 6).

#### ***4.5.1.2 Nursing students demonstrating that they know what they're doing***

When describing their observations of nursing students and if nursing students demonstrated that they knew what they were doing, some patients expressed that nursing students did demonstrate this and that, to them, they were just like any other nurse: "Good. They're just like any other nurse, like, they knew what they were doing" (PT 4). On the other hand, other patients expressed that they did not feel that nursing students knew what they were doing and that this made them feel as though they had to double check the students' interventions. This resulted in a feeling of annoyance for these patients, with some of the patients expressing that nursing students should know what they are doing and that they should demonstrate this.

I was sort of, like, wanted to double check everything he was doing. It made me feel a bit like, annoyed because he was supposed to be doing everything and know what to do and if like, I could show him how to do something, it was like cmon...  
(PT 7)

#### ***4.5.1.3 Nursing students' confidence***

When speaking about the care that they received from nursing students, patients described their perception of the level of confidence that students demonstrated. Patients made assumptions of the nursing students' year of education based on their assessment of the students' demonstrated level of confidence and also associated this to the interventions that the students were performing and the level of involvement of the clinical instructor in these interventions.

I think it was his first day or something because he was really unconfident. So he just did vitals and the check and everything, but the like teacher nurse was like really like, teaching a lot like, he was not independent with like doing anything.  
(PT 7)

Other patients spoke about their perception of nursing students' level of confidence in relation to how timid the student was. For this patient, they felt that because of their lack of knowledge of medicine, they would have benefited from the nursing student providing more explanation of the care being provided given that the student was timid, making it seem as though the student was unsure of what they were doing:

Well, he was really good, except that I didn't really know... like I don't know a lot about medicine, so if he was more timid, I would rather that he tell me what he was going to do and like, be sure in what he was doing... (PT 2)

#### ***4.5.1.4 Reassurance in the presence of the clinical instructor***

Lastly, when describing their past encounters with nursing students, patients often spoke about the comfort and reassurance that they felt in the presence of the nursing student's clinical instructor. Having the clinical instructor present made patients feel more confident that the student would be thorough in their provision of care: "but like because the instructor was there I'm more confident to know they'll be more thorough too" (PT 7). Patients also expressed feeling scared when the nursing student did provide care independently, without the clinical instructor present,

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and that this made them further question if the student would know what they were doing without the instructor present to guide and supervise them.

Although, sometimes the nursing students used to come in by themselves, like later on in the day, which can be a little scary. As long as I hope, well... not that they don't know what they're doing. They know what they're doing. But, most of the time they're under supervision. (PT 3)

When describing their past encounters with nursing students, patients provided feedback of nursing students' bedside manner. For patients, bedside manner included nursing students introducing themselves before providing care as well as explaining what to expect from the care that students would provide. Furthermore, patients commented on nursing students' generosity, kindness, and the element of humour that was brought when providing nursing care. Secondly, patients provided feedback of nursing students demonstrating, or not demonstrating, that they knew what they were doing when providing pediatric nursing care. For patients that felt that nursing students did demonstrate that they knew what they were doing, it was as if the nursing student was like any other qualified nurse. For patients who did not feel that nursing students demonstrated that they knew what they were doing, this resulted in a feeling of annoyance and the need to double check the nursing care being provided. Patients also described their perception of nursing students' level of confidence. For patients, the demonstrated level of confidence was negatively influenced if the nursing student was timid, resulting in the patient wanting further explanation of the care being provided for reassurance. The perceived level of confidence also informed patients as to the year of education of the nursing student. Lastly, patient participants spoke about the comfort and reassurance that the clinical instructor provided them by being present during clinical interventions. Ultimately, the clinical instructor's presence made patients feel more confident that the nursing student would be thorough in their provision of pediatric care.

#### **4.6 How would patients like to be involved in the formative assessment of nursing students' pediatric clinical practice?**

When patient participants were asked about what they would want to assess and provide feedback on, if given the opportunity, patients thoughtfully identified several elements of nursing students' pediatric care.

##### **4.6.1 Elements of pediatric nursing students care that patients want to assess**

Patients want to assess and provide feedback of: 1) students' bedside manner; 2) students' techniques and tasks; 3) students demonstrating that they know what they're doing when providing pediatric care; and 4) students' relative speed and efficiency.

##### ***4.6.1.1 Nursing students' bedside manner***

When speaking about the elements of nursing care they would want to assess if given the opportunity, patients spoke about their desire to assess and provide feedback on nursing students' bedside manner. For patients, bedside manner was an important element of nursing care and indicative of how they were treated during their hospitalization. Moreover, patients felt that they would feel comfortable assessing bedside manner given that they are not always knowledgeable about the medical aspect of nursing care: "Um, probably bedside manner. I think that's really important. "Like how they treat you. Um, because most patients aren't going to know like the medical stuff behind it, right?" (PT 3). Furthermore, when speaking about nursing students' bedside manner, patients expressed their desire to assess and provide feedback on nursing students' communication skills, such as if the nursing student introduces themselves before providing care and if the nursing student explains the nursing intervention before performing it. Patients spoke about the importance of good communication and how this provided them with comfort when receiving care.

Ya the communication is definitely important, and so, yea... like the introduction is important obviously... as well as just explaining what is going to happen. That's

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always important to make the patient feel comfortable... and just knowing what's going on. (PT 1)

### ***4.6.1.2 Techniques and tasks***

Patients who did feel that they possessed sufficient knowledge in the medical aspects of nursing care expressed their desire to assess nursing students on “how well they execute their tasks...” (PT 4). For some patients, this meant assessing how well a nursing student takes “the vitals and stuff like that” (PT 5). For other patients, this also included vital signs as well as other techniques that are specific to their care: “Like blood pressure... like vitals, and, if there's any extra... like, for me, the feeding tube” (PT 4). Patients who spoke about wanting to assess nursing students' techniques explained how their own experiences in receiving care have informed them on how nursing care is supposed to be provided:

Because I've been here for long enough that I kind of know how it's supposed to be. So just making sure for vitals, that they put everything in the right place, that they take the time to do everything, cause like... some don't take your pulse or like, they don't check the pulse in your feet, and stuff like that. Or, when they're listening to your breathing, to make sure that they go to the back too, and the sides, and all that stuff! (PT 4)

### ***4.6.1.3 Nursing students demonstrating that they know what they're doing***

Patients also spoke about assessing if nursing students know what they're doing. In assessing this element of nursing students' care, patients would want to assess if nursing students have a care plan, if they're prepared, and if they demonstrate that they know how to handle a situation when something is going wrong. Furthermore, patients felt that they would be able to tell if a nursing student did not know what they were doing when providing nursing care by the way in which they manipulate their environment.

If they were like, looking clueless or if they didn't have a plan or they weren't prepared, so like you could see how prepared they were, like if they had notes

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beforehand. And you could umm, just like, see how prepared they are, see if something beeps and they're like 'what the heck' or if they actually know how to handle things going wrong. (PT 7)

Other ways in which nursing students would demonstrate that they know what they're doing, and that patients would want to assess, includes being thorough in the care provided and in the questions that they are asking the patient, assessing nursing students' competencies in performing a physical examination, and how nursing students' overall provision of care makes the patient feel.

Like, you could talk about like, were they thorough in asking you everything? Or did they forget things? Or like, even like physical exam, like did they push too hard? Or like, how did it make you feel? Like, stuff like that. (PT 7)

#### ***4.6.1.4 Relative speed and efficiency***

Finally, when patients spoke about the elements of nursing students' care that they would want to assess and provide feedback on, they expressed their desire to assess students' relative speed and efficiency. Patients often found themselves wondering: 'is it done yet', "I think also, like relative speed. Like I know it's not like gonna be that fast. But sometimes they're here and they're just like taking your blood pressure, and you're like... ok, is it done yet? You know?" (PT 3). Furthermore, when speaking about nursing students' efficiency, patients described how nursing students' lack of speed and efficiency can impact their wellness while in hospital. For example, this patient spoke about how they required fast and efficient care to avoid being sore following a nursing intervention: "Just how efficient I guess. (...) Because I get sore really fast so it's nice when I kind of know what they're doing and they can go a little faster" (PT 5). For other patients, nursing students would demonstrate their ability to be quick and efficient by asking their clinical instructor or a nurse for assistance, should they require it, instead of trying to figure something out

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that they are unsure of. Patients described how nursing students' process to figuring it out on their own was a waste of time:

So say if they were doing vitals or something like that, or they were checking something and then something might be a bit confusing or something might not be working, I think I prefer it better if they go and ask instead of trying to figure it out themselves because, obviously it wastes a bit of time. (PT 1)

During the interviews, patients identified the elements of nursing students' clinical practice that they would want to and feel comfortable to assess and provide feedback on in the future, should they be given the opportunity. This included nursing students' bedside manner, specifically their communication skills and, overall, how they treat the patient, as well as nursing students' techniques and tasks, ranging from vital signs to specific individualized techniques, should they feel that they possess the required medical knowledge. Patients also expressed their desire to assess and provide feedback in relation to whether or not nursing students demonstrate that they know what they're doing based on their plan of care and the thoroughness of the care provided. Finally, patients emphasized that they would want to assess and provide feedback on nursing students' relative speed and efficiency. Patients highlighted the importance of nursing students not wasting time when providing nursing care and how prolonged nursing interventions could negatively influence their wellness while in hospital.

### **4.6.2 How patients would like to provide feedback of their assessment of nursing students' pediatric clinical practice**

Patients also identified how they would want to provide their feedback, including: 1) the format; 2) the timing of feedback provision; and 3) to whom they would want to provide their feedback.

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**4.6.2.1 Format**

Patients indicated telephone interviews, emailing, questionnaires, and rubrics when speaking about their preferred format for feedback provision. One patient, who felt that any format could also work, named a telephone interview or a follow-up email as being their preference for providing their feedback following their hospitalization: “And I mean telephone works, but like email too. Anything works” (PT 2). A different patient, said they would prefer to receive a rubric with the nursing students’ elements of care indicated for them to assess while the nursing student provided care: “I think, like, say while you were assessing, you had a paper where you could write down your observations, like a rubric” (PT 7). However, most patients indicated a questionnaire or a checklist as being their preferred format of feedback provision: “so maybe like a checklist of what they should have done” (PT 4). Patients indicated that a questionnaire would be the easiest format for them to provide feedback of their assessments: “I think it would be easiest if it was kind of like uh... questions, and then you have a scale from 1-5, and then you just circle the answer” (PT 4). They also expressed that by using this format, there would be better and more frequent responses to a request for patients to be involved in the assessment process of nursing students’ care.

To get a better or more frequent response, maybe like... I feel like they should have (...) a little questionnaire. Like how was your experience with the nursing students or the nurses, and then they could kind of do like a rating... like if it was good or bad. (PT 1)

**4.6.2.2 Timing**

Patients were not concerned with the amount of time that it should or would take to provide feedback; one patient commented: “It seems pretty simple. It just takes a little bit of time, but I mean, you’re in the hospital! You have tons of time!” (PT 4). Some patients felt that feedback

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should occur at the end of the nursing student's shift: "At the end of the nursing student's shift, probably" (PT 2). Other patients felt that feedback should be provided during the nursing student's shift, and not after they've left the hospital: "Like it should be during their shift, or something. Like not, in the afternoon, like after they've left" (PT 3). While other patients felt that feedback provision should occur after an interaction with a nursing student and that their assessment should be focused on only that one interaction, rather than an assessment of their entire shift: "So not like a whole day or like their whole shift but just for like, whatever period of time" (PT 7).

#### ***4.6.2.3 Method***

All patients said that they would not want to provide their feedback directly to the nursing student; rather, patients would want to provide feedback to either their assigned nurse or to the nursing student's clinical instructor: "once the assessment is over, hand it to their instructor, or someone, but not the actual student" (PT 7). Patients who would rather give their feedback to their assigned nurse indicated that this would be their 'best bet' because the assigned nurse is often accompanying the nursing student: "probably just the regular nurse would be your best bet because typically the, your, your main nurse is being accompanied by the student nurse" (PT 6). Whereas patients who indicated wanting to provide their feedback to the clinical instructor also said that they would be willing to provide their feedback to someone else who would then tell the clinical instructor: "talking directly to the instructor, instead of to like, someone else who would tell the instructor" (PT 3).

In summary, patients clearly indicated their preferences with respect to the format and timing of their feedback as well as to whom they would want to provide their feedback. Most patients would want to provide their feedback via a questionnaire or checklist, while others named a rubric, telephone interview or emailing as their preference. Most patients did not feel any time

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constraints for providing their feedback and the timing ranged from after a single interaction with a nursing student, at any time during the nursing student's shift, to at the end of the nursing student's shift. Finally, there was consensus that patients would not want to provide their feedback directly to the nursing student. Rather, patients would like to provide their feedback either to the assigned nurse or to the nursing student's clinical instructor.

### **4.7 What are the potential benefits and challenges of involving patients in the formative assessment of nursing students' pediatric clinical practice?**

During their interview, patients spoke about their perception of the potential benefits and challenges of providing feedback of their assessment of nursing students' clinical practice, for themselves and for nursing students (Appendix L). Furthermore, patients identified facilitating factors that could mitigate the challenges and that could further encourage their involvement in the assessment process.

#### **4.7.1 Benefits of involving patients in the assessment of nursing students' pediatric clinical practice**

Patients identified benefits of patient involvement in providing feedback of their assessment of nursing students' care, such as: 1) nursing students' improvement of clinical practice; 2) providing a 'real' opinion from the recipients of care; 3) having a voice and control; and 4) getting a 'bigger picture' of nursing students' performance.

##### ***4.7.1.1 Improvement of clinical practice***

When speaking about the benefit of their feedback on student improvement, patients felt that their feedback was an important factor in helping students to improve their patient care and for their future clinical career as a nurse: "I think it's important because it helps the nursing students improve on how to help the patients better and how to become a better nurse as well" (PT 1). Moreover, patients felt that in receiving their feedback, students would understand the

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experience of care from a patient's point of view and that this could potentially result in students being more attuned to their other patient's experiences of care.

Well, I mean, now I guess they'll understand it from like a patient's point of view so, I guess it'll help like, next time for them to check up on what other patients feel like they should improve, and that probably helps, you know, other patients with... well the nursing students they get, I guess. (PT 2)

This patient also indicated that patients might be more willing to provide feedback of their assessment of nursing students' care if they had had a negative experience of care and, for this patient, that this could become a positive for nursing students who would receive the necessary feedback to identify their areas in need of improvement:

I feel like people would be more likely to do it if they did have a bad experience, which I think is important actually, because then basically it's like, almost like, no news is good news. That's what doctors always say about tests being done. But like, you would get a lot of feedback on areas that need improvement. (PT 1)

### ***4.7.1.2 Providing a real opinion and a real picture from the recipients of care***

Patients spoke about the benefits for nursing students of receiving feedback from patients and parents, as opposed to only receiving feedback from nurses (i.e. clinical instructor or assigned nurses). Patients indicated that this would be to provide nursing students with the real picture of the care that they are providing: 'and it's sort of like a real picture of how they can improve because it's coming from the patient and the parents directly and not just a nurse who has already graduated and everything" (PT 4).

### ***4.7.1.3 Having a voice and control***

When speaking about the potential benefits for themselves, patients emphasized that their involvement in providing feedback of their assessment of nursing students' care would allow them

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to have a voice and control in the care that they receive as well as facilitate their involvement in their care.

I think it's always nice as a patient, like when you feel involved in your own care (...) cause a lot of times when I was really sick, I felt like I had no control over like anything. So it's nice to feel like... you at least have like, have some, like power and some say in, like, what's the care you're having, right? (PT 3)

Patients also felt that their involvement in the assessment process would provide them with a better perspective of the nursing students who are providing care: "it gives them a good perspective on who is caring for them" (PT 6). Moreover, patients indicated that nursing students would be more likely to perform well if they knew that the patient was assessing them, and that that would be a direct benefit to the recipients of the nursing students' care.

I feel like if the nursing student would know that they'll be assessed by the actual person they're taking care of, then they'll be more likely to perform better, and like, just be better but, and so that's obviously a benefit for us. (PT 7)

### *4.7.1.4 Getting a 'bigger picture' of nursing students' performance*

Finally, patients identified the benefit of getting a bigger picture of the nursing students' performance. Patients spoke about the importance that the assessment of nursing students' pediatric care be completed by patients and how their feedback better reflects the nursing students' clinical performance because they are the recipients of care. Furthermore, patients indicated that nursing students are not always accompanied by their clinical instructor or an assigned nurse and that these nurses are therefore not in a position to fully assess all patient interactions in order to get the bigger picture.

I just think like, you get a bigger picture of that student than just their teachers. Because we're experiencing it one-on-one. Because sometimes it's just a nursing student without another nurse, so they can't really assess them if they're not there. (PT 4)

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Other patients referred to their involvement as a second opinion to the clinical instructor's. Without involving the patient in the assessment process, the clinical instructor would not know if the patient felt that they received adequate care: "if only the nurse is assessing them, you don't know, like, maybe the patient doesn't feel like they've gotten adequate care. So it's just like a second opinion, right?" (PT 3). Patients emphasized that their feedback of their assessment of nursing students' practice is therefore what truly matters within the assessment process: "I think its good, cause that's what like, is what matters. Like that's what they're doing it for. Like the instructor might not see the whole interaction or pick up on the things that matter to the patients" (PT 7).

When asked, patients shared their perception of the potential benefits of their involvement in providing feedback of their assessment of nursing students' care including nursing students' improvement in their current clinical practice, an increase of patient involvement in their own care, and getting a bigger picture of nursing students' performance by receiving feedback from patients, who's voice is the most pivotal when seeking to understand their experiences of care.

### **4.7.2 Challenges of involving patients in the assessment of nursing students' pediatric clinical practice**

Patients shared their perception of the potential challenges of involving patients in providing feedback of their assessment of nursing students' clinical practice. The reported challenges were: 1) patients are not experts in the medical aspects of nursing care; 2) patients might have certain biases and prejudices that could influence their feedback; and 3) patients do not feel well when hospitalized.

#### ***4.7.2.1 Lack of medical knowledge***

Patients expressed that because they are not experts in "medical stuff", they would not be in a suitable position to provide feedback on the medical aspects of nursing care: "because most

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patients aren't going to know like the medical stuff behind it, right?" (PT 3). Patients questioned if they could delineate when a nursing student is doing something in the right or wrong way, given their lack of knowledge of nursing care: "Well, I guess, lack of knowledge, right? Like, how do you know if they're doing something right or wrong?" (PT 3). Furthermore, patients indicated that because they are not nursing students, they wouldn't know what the expectations of the standard of nursing students' care would be. Because of this, patients expressed feeling scared to provide, what they would perceive as being, false information or feedback that contradicts what nursing students learn at school.

Like I'm not a nursing student, so I don't really know what it takes to like, you know... like patients don't know as much as the nursing students themselves, so I'm not an expert in like, meds and stuff. So, I'm scared to like, to not, to like say the opposite of what they see in nursing school... because I'm not educated in that... (PT 2)

#### ***4.7.2.2 Patients' biases and prejudices***

Patients also expressed concern of other patients' biases and prejudices that could influence the feedback that they provide of nursing students' care. Patients felt that this could hinder other patient's ability to provide an arbitrary description of the care provided by the nursing student: "Well, I guess like any biases that they might have in their life, or prejudices and like... anything like that... like that's really difficult. Like an arbitrary description of like, how they're doing" (PT 3). Furthermore, patients felt that such biases and/or prejudices could result in patients providing different results, either more positively or more negatively, and that this could be avoided by providing patients with a clear and concise rubric to follow when assessing nursing students: "Umm, they may already be bias, like, if they know them, and like unless you have a clear rubric, some people may be easy, and some people may be hard so it might just be different results" (PT 7).

#### ***4.7.2.3 Patients not feeling well***

Finally, patients expressed that they would find it challenging to be involved in the assessment process of nursing students and to provide feedback of their assessment if they were not feeling well. Patients indicated that feeling unwell could potentially result in them providing harsher feedback given the irritability associated to not feeling well: “it would just be really hard if you’re not feeling well that day or, cause then you’re already like, irritated and you’re more harsh so yeah” (PT 7).

When speaking about the potential challenges of their involvement in the assessment of nursing students’ practice which leads to feedback, patients indicated that their lack of medical knowledge would be an important challenge and that they would be afraid to provide false information within their feedback. Furthermore, patients felt that other patients’ biases and/or prejudices could negatively or positively influence their feedback, providing an unfair assessment of the nursing student. Finally, patients expressed that they would not always provide feedback that is truly reflective of the nursing students’ practice when they are feeling unwell because of the associated irritability.

#### **4.7.3 Facilitators for patient involvement in the assessment of nursing students’ pediatric clinical practice**

Patients identified two key facilitating factors for their involvement in providing feedback of their assessment of nursing students’ care: 1) patients would require information prior to beginning the assessment process; and 2) patients would require specific assessment criteria.

##### ***4.7.3.1 Providing information prior to the assessment***

Prior to their involvement in the assessment process, patients would like to know how their involvement is helpful for nursing students’ education and learning, as well as how their involvement and feedback could help other patients in the future.

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Um... probably just like telling the patients how giving assessments help the nursing students. Because of course, like, getting feedback is always good in any type of situation, right... so just informing parents and patients of what giving assessments could do to like, you know, the education and like the learning of the nursing students, and how it can help other patients too, as well. (PT 2)

#### *4.7.3.2 Providing specific assessment criteria*

Patients also felt that in order to facilitate their involvement in the assessment process of nursing students' care, they would require specific criteria for assessment and that such criteria would ensure the objectivity of the feedback provided. Patients indicated that this would be especially important in a pediatric setting because children and adolescents could potentially provide more positive or negative feedback about nursing students who they like or dislike more than another.

Hmmm... probably like specific criteria. Because the more specific the criteria, it's more like... it's less like "well I like this nurse better than the other one". (...) Because especially with kids, they might like one nurse over another. (...) Ya. Exactly. Because that's what the nursing student can actually improve upon. Like if it's something more subjective, like, their personality... like they can't really change. (PT 3)

For the successful involvement of patients in the assessment of nursing students' pediatric clinical practice which leads to feedback, it is therefore important to consider the identified facilitating factors, such as providing patients with the needed information prior to their involvement in the assessment process as well as specific assessment criteria.

Table 4.0 Summary of findings

RESEARCH QUESTIONS	CATEGORIES	CODES	
		PATIENTS	PARENTS
<b>1. How are patients and parents currently involved in the formative assessment of nursing students' pediatric clinical practice?</b>	DESCRIPTION OF PAST ENCOUNTERS	<ul style="list-style-type: none"> <li>• Nursing students' bedside manner</li> <li>• Nursing students demonstrating that they know what they're doing</li> <li>• Reassurance in the presence of the clinical instructor</li> <li>• Nursing students' confidence</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing students' confidence</li> <li>• Nursing students demonstrating that they know what they're doing</li> <li>• Nursing students' soft skills</li> <li>• Nursing students wanting to be involved in patient care</li> </ul>
	PERCEPTIONS OF THEIR ROLE	<b>Not applicable</b>	<ul style="list-style-type: none"> <li>• Unwillingness to be involved in clinical education</li> <li>• Providing opportunities for nursing students to learn</li> </ul>
<b>2. How would patients and parents like to be involved in the formative assessment of nursing students' pediatric clinical practice?</b>	ELEMENTS THEY WANT TO ASSESS	<ul style="list-style-type: none"> <li>• Nursing students' bedside manner</li> <li>• Techniques and tasks</li> <li>• Nursing students demonstrating that they know what they're doing</li> <li>• Relative speed and efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing students' problem-solving skills</li> <li>• Nursing students' confidence</li> <li>• Nursing students' interpersonal skills</li> </ul>
	HOW THEY WOULD LIKE TO PROVIDE FEEDBACK OF THEIR ASSESSMENT	<ul style="list-style-type: none"> <li>• Format                             <ul style="list-style-type: none"> <li>○ Rubric</li> <li>○ Telephone</li> <li>○ Email</li> <li>○ Likert scale</li> <li>○ Questionnaire</li> <li>○ Checklist</li> </ul> </li> <li>• Timing                             <ul style="list-style-type: none"> <li>○ At the end of the nursing student's shift</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Format                             <ul style="list-style-type: none"> <li>○ Questionnaire</li> <li>○ Online</li> <li>○ Likert scale</li> <li>○ Email</li> </ul> </li> <li>• Timing                             <ul style="list-style-type: none"> <li>○ In hospital</li> <li>○ Providing many opportunities for the provision of feedback</li> </ul> </li> <li>• Method                             <ul style="list-style-type: none"> <li>○ Assigned nurse</li> <li>○ Clinical instructor</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>○ During the nursing student’s shift</li> <li>○ After a specific patient-nursing student interaction</li> <li>● Method             <ul style="list-style-type: none"> <li>○ Assigned nurse</li> <li>○ Clinical instructor</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Trained personnel</li> <li>○ Charge nurse</li> <li>● Anonymity</li> </ul>
<b>3.What are the potential benefits and challenges of involving patients and parents in the formative assessment of nursing students’ pediatric clinical practice?</b>	BENEFITS	<ul style="list-style-type: none"> <li>● Improvement of clinical practice</li> <li>● Providing a real opinion and a real picture from the recipients of care</li> <li>● Having a voice and control</li> <li>● Getting a bigger picture of nursing students’ performance</li> </ul>	<ul style="list-style-type: none"> <li>● It’s the best way for nursing students to learn</li> <li>● Voicing concerns</li> <li>● No perceived benefits for patients or parents</li> </ul>
	CHALLENGES	<ul style="list-style-type: none"> <li>● Lack of medical knowledge</li> <li>● Patients’ biases and prejudices</li> <li>● Patients not feeling well</li> </ul>	<ul style="list-style-type: none"> <li>● Lack of knowledge of expectations and standards</li> <li>● Providing an honest assessment without blame or remorse</li> <li>● Potential impacts on nursing students’ confidence</li> <li>● Parents managing their own emotions and stress</li> </ul>
	FACILITATORS	<ul style="list-style-type: none"> <li>● Providing information prior to the assessment</li> <li>● Providing specific assessment criteria</li> </ul>	<ul style="list-style-type: none"> <li>● Giving a heads up</li> <li>● Voluntary participation</li> </ul>

## CHAPTER 5: DISCUSSION

To my knowledge, this is the first study that has explored the perceptions of patients and parents of their involvement in the formative assessment of nursing students' pediatric clinical practice. This phase of the larger study (Phase II) sought to elucidate patients' and parents' perceptions of their role in this assessment. I conducted the qualitative portion of an explanatory sequential mixed methods study using semi-structured interviews with nine parents and seven patients, in both French and English, by telephone and in person at the study setting. The qualitative data was then analyzed using a qualitative content analysis manifest approach with inductive reasoning, which was appropriate given the research design and my pragmatic paradigmatic position. In this chapter, I will present both patients' and parents' current and future involvement in providing feedback of their assessment of nursing students' pediatric clinical practice, as well as the benefits, challenges, and facilitators of their involvement. Lastly, the evolution of my conceptual framework and the introduction of a framework presenting evidence-based principles will be presented. Finally, the implications for nursing research and practice as well as the strengths and limitations of this study will be addressed.

### **5.1 Patients' and parents' current involvement in the formative assessment of nursing students' pediatric clinical practice**

Although the involvement of patients and parents in providing feedback of their assessment of nursing students' clinical practice is a novel phenomenon, it has been explored in the UK literature and implemented in nursing policies and standards by the NMC (NMC, 2010; Suikkala et al., 2018). These standards state that nursing program providers must provide information as to how patients and parents contribute to student assessment (NMC, 2010). Although the NMC (2010) only requires patients and parents to be involved on an informal and ad hoc basis, clinical instructors must nevertheless consider patients' and parents' feedback of nursing students' clinical

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practice to inform their formative and summative assessments. This shift to include patients and parents in the assessment process of nursing students' clinical practice was intended to further promote patient empowerment while supporting the person-centered model of care (Haycock-Stuart et al., 2016; NMC, 2010). In the case of a pediatric care context, this would be supported within the FCC model.

In this phase of the larger study (Phase II), during which patients and parents described their encounters with nursing students, it became evident that patients and parents are not currently being given the opportunity to discuss their experiences of the care provided by nursing students and that they are not being asked to provide feedback of their assessment of nursing students. Patients and parents did, however, clearly and thoroughly explain their past encounters with nursing students; describing the care that was provided, how they felt as the recipients of the care, as well as their own observations of nursing students' pediatric clinical practice. Such descriptions and information have not yet been well documented in the current literature, specifically, there is a lack of empirical knowledge within the context of pediatric nursing.

Debyser et al. (2011) conducted a study which sought to understand the impacts of involving adult patients who were admitted to a psychiatric unit in the assessment of nursing students' clinical practice leading to feedback. The patient participants described what they valued most in nursing students' care based on their past encounters including authenticity, spontaneity, and sensitivity (Debyser et al., 2011). Further, patients in the study conducted by Debyser et al. reported feeling positively towards students who were engaged in their care and actively present (i.e. students who took initiative, spent time with patients, and took interest in the unit activities). Although the findings of this study (Debyser et al., 2011) reflect the experiences of adult patient participants, these findings support those of this current study in that parents spoke about their

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observations of nursing students' 'soft skills', indicating the positive impact of students' sensitivity and presence during difficult moments and students' demonstrated desire to be involved in their child's care.

The greatest discrepancy in what was reported by parents, which was not reported by patients, in their description of their past encounters with nursing students, was their perceived role in nursing students' pediatric clinical education. In this capacity, parents described their perceived obligation to act as an educator for students and to advocate for their child (the patient) to receive quality nursing care, which is adapted to their child's age and needs. Although some parents reported that they were happy to be contributing to students' education by supporting these opportunities to practice nursing care, they also expressed an unwillingness to educate nursing students on the basics of pediatric nursing care with the intention of advocating for their unwell child. The phenomenon of recipients of care acting as educators for healthcare professionals and prospective healthcare professionals has been studied among patients, however, to my knowledge, this has not yet been studied among parents of pediatric patients. The current scientific literature has only explored parents' role and feeling of obligation to advocate for their child in a pediatric care context and is mostly limited to parents of children with chronic illnesses, such as the study conducted by Rafferty and Sullivan (2017), "You know the medicine, I know my kid": How parents advocate for their children living with complex chronic conditions" in North America. These authors incorporated the definition of parental advocacy by Wright and Taylor (2014), who published an article about parental advocacy for young children with special needs, in their article which states that parents perceive advocacy for their child/children as a moral obligation and that it is both implicitly and explicitly expected of them in many contexts, including healthcare. In this role, parents must advocate for their child to receive the necessary healthcare by asserting

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themselves with healthcare professionals, despite having expressed that such advocacy is both challenging and emotionally draining (Rafferty & Sullivan, 2017; Wright & Taylor, 2014).

The added stress of parental advocacy culminates into feelings of powerlessness during their child's hospitalization and increases their need to be assertive when communicating with healthcare professionals (Harden, 2005; Wang et al., 2004). This supports the findings of this present study in which parents not only spoke about their role in nursing students' clinical education, but also about the challenges of having to manage their own emotions and the hospital context when working with students. In fact, parents cited this challenge as a factor that could impede their future involvement in providing feedback of their assessment of nursing students' pediatric clinical practice.

The findings of Rafferty and Sullivan (2017) further support the emotional labor involved with parental advocacy. To fulfill this role, parents reported having to navigate their own emotions to be in a state where they could effectively coordinate their child's care team (Rafferty & Sullivan, 2017). In the context of this present study, such findings are relevant in that nursing students become integral members of the healthcare team. However, Rafferty and Sullivan (2017) found that parents indicated the power hierarchies, social stigma, and the access to knowledge and expertise as obstacles for effective advocacy. The parent participants of this present study did not speak to these factors as existing obstacles when navigating their role as clinical educators for nursing students completing their pediatric placement. It is therefore unknown if parents perceived nursing students as being in a position of power or as having greater knowledge and expertise than them.

### **5.2 Patients' and parents' future involvement in the formative assessment of nursing students' pediatric clinical practice**

Gray and Donaldson (2010), examined the involvement of patients and parents in the assessment of nursing students. They indicated that for the NMC's (2010) standards of patient and parent involvement in the assessment process to successfully be implemented, it is necessary for further coherence to be established between the educational aims and purpose, and the philosophy of patient and parent involvement in the assessment process of nursing students' clinical practice. There remains, nevertheless, a paucity of research and evidence of the implementation of patient and parent involvement in providing feedback of their assessment of nursing students' clinical practice. Moreover, as previously stated, this remains the first study to be conducted that is specific to nursing students' pediatric clinical practice.

Haycock-Stuart et al. (2016) questioned if patients do in fact want to be involved in the formal assessment of nursing students' clinical practice. In this present study, patients and parents indicated which elements of nursing students' pediatric care they would want to assess and provide feedback of, if given the opportunity. They also identified the format, method, and timing of feedback provision that would be most efficient and convenient for them. The similarities in the responses provided by patients and parents were that both indicated wanting to assess students' interpersonal skills and their knowledge. For patients, this was emphasized in a desire to assess if students know what they're doing when providing nursing care, whereas parents indicated their desire to assess students' problem-solving skills. Both patients and parents also indicated wanting to assess the ways in which nursing students interact with the recipients of their care, whether it be their bedside manner, as indicated by patients, or their interpersonal skills and level of confidence, as indicated by parents. The greatest discrepancy in the identified elements of pediatric nursing care that patients and parents indicated wanting to assess was in the patients' desire to

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assess the students' techniques and tasks as well as their relative speed and efficiency when providing care. As opposed to the parent participants, who explicitly said that they would not want to assess nursing students' technical skills, patients indicated that they would want to assess these skills in the future. Based on their previous encounters, patient participants clearly expressed their expectations of nursing care on which they have based their knowledge of the standards of care. Moreover, patients' desire to assess and provide feedback of nursing students' relative speed and efficiency further demonstrates that patients are concerned with the quality of care that nursing students provide (i.e. if care is meeting their expectations based on their knowledge of the nursing care standards) and that this is an important element of care that would need to be assessed by them.

The responses provided by patients and parents regarding the elements of nursing students' pediatric care that they would want to assess in the future demonstrates that they possess the needed insight to identify the aspects of care that they would feel comfortable to assess and to provide feedback of. Further, these findings contradict the current scientific literature which states that patients and parents would provide invaluable feedback because of their lack of knowledge of nursing care (Haycock-Stuart et al., 2016). In the study conducted by Haycock-Stuart et al. (2016), participants, being nursing lecturers and nursing students, were concerned that patients and parents do not possess the knowledge to assess nursing students' clinical skills and questioned if patients and parents would even be willing and feel qualified to assess these. These participants further indicated that involving patients and parents who do not feel confident and skilled enough to assess technical skills would result in their ingenuine and tokenistic involvement in the assessment process (Haycock-Stuart et al., 2016). This concern was shared by other authors who argued that patients could potentially provide poor and valueless feedback and that they would take advantage

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of their role in the assessment process to unpack their concerns and problems that arose from their overall experience of healthcare (Forrest et al., 2000; McAndrew & Samociuk, 2003). This present study found that, in fact, patients and parents are aware of their own limitations in knowledge of nursing care, based on which they have identified the elements of pediatric nursing care that they want to assess. It is nevertheless important to continuously consider patients' and parents' individual needs, diversity (i.e. level of confidence in shared decision making and sociodemographic background), and health literacy when involving them in the assessment of nursing students' clinical practice (Coulter & Collins, 2011), be it in a pediatric care context or not.

Patients' and parents' responses in terms of how they would want to provide their feedback of their assessment of nursing students' pediatric clinical practice were similar. Mostly, both preferred a questionnaire format and feedback to be given while in hospital. The literature supports that the timing of feedback provision must be considered as an important issue (Debyser et al., 2011). It was found that obtaining feedback at the beginning of the students' clinical placement would not produce valuable information (Debyser et al., 2011). Further research is therefore required to explore the timing and context in which patient' and parents' feedback of nursing students' clinical practice should be obtained to produce rich and comprehensive information (Lloyd & Carson, 2012; Willis Commission, 2012).

Parents expressed wanting a simple feedback provision tool, explaining that having their child be hospitalized can be time consuming and stressful. Patients, contrarily, would like to provide more comprehensive feedback with no concern for complexity, or the time needed to complete the assessment, expressing that they would have enough time for such a task when hospitalized. The greatest similarity was that both patients and parents indicated that they would

not want to provide their feedback directly to the nursing student. Rather, they both indicated wanting to provide their feedback to the students' clinical instructor or to the assigned nurse. To do so, both clinical instructors and staff nurses would need to understand their role in the assessment process. It is therefore pivotal to understand the potential barriers for their involvement, such as a lack of time or skills to assist patients and parents in their assessment and feedback provision (Hickey & Kipping, 1998; Lathlean et al., 2006; Repper & Breeze, 2007).

Contrary to the findings of this study in which patients and parents stated that they would not want the nursing student present during feedback provision, Debyser et al. (2011) found that having the student present increased the authenticity of the feedback, a seemingly positive impact. Despite the paucity of literature on the matter, parents further indicated the importance of their feedback remaining anonymous. Casey & Clark (2014) indicated that it is the role of the clinical instructor to ensure this anonymity. Lastly, parents indicated that they would want their involvement to be voluntary. The current literature indicates that guaranteeing voluntary involvement in the assessment process could potentially reduce stress and anxiety and that providing a safe space for feedback provision could potentially result in it being more valuable and meaningful (Debyser et al., 2011; Haycock-Stuart et al., 2016; Hickey & Kipping, 1998).

Stickley et al. (2011) conducted a study to analyze the process for developing a tool to involve adult psychiatric patients' feedback in the assessment of nursing students' clinical practice. In the development and assessment of the tool, the authors sought the expertise of patients, nursing students, staff nurses, and members of the research team (Stickley et al., 2011). The authors reported that certain patients demonstrated uncertainty in identifying the qualities of nursing students' clinical practice that they would want to assess and that they eventually chose the qualities that they deemed make a 'good' nurse, while other patients demonstrated reluctance to

provide any negative feedback (Stickley et al., 2011). Further, patients indicated that their concerns and perceptions of nursing students were primarily seeded in their past encounters with their assigned nurses (Stickley et al., 2011). The authors of this study highlighted that the participants viewed psychiatric nurses as holding a great deal of power, which also felt true of nursing students (Stickley et al., 2011). Because of this, patients felt that nursing students could potentially bully their patients to provide only positive feedback (Stickley et al., 2011). Patients therefore supported what the parents of this current study have expressed in that they would want their feedback to remain anonymous to avoid these power imbalances (Stickley et al., 2011). To further reduce the likelihood of power imbalances within the nursing student-patient therapeutic relationship, Stickley et al. (2011) recommended that the term 'assessment' be replaced with 'review' when involving patients in the assessment of nursing students' clinical practice. Further research is required to examine the implications of the terms used when asking patients and parents to be involved in providing feedback of their assessment of nursing students' clinical practice. More specifically, these terms would need to be examined and adapted to the pediatric care context to ensure that they are age-appropriate and all encompassing.

### **5.3 Benefits, challenges, and facilitators of patients' and parents' involvement in the formative assessment of nursing students' pediatric clinical practice**

Patients and parents thoughtfully identified the benefits and challenges of their involvement in the assessment process of nursing students' pediatric clinical practice for themselves, nursing students, clinical instructors, and staff nurses. The greatest difference between patients' and parents' responses was that parents do not perceive any potential benefits for themselves of providing feedback of their assessment of nursing students, whereas patients feel that this would provide them with a voice and control in the care that they receive.

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Parents identified several benefits for nursing students of having patients and parents involved in their formative assessment which leads to feedback. Among these, parents felt that their feedback would be a positive addition to the assessment process and that it could potentially increase nursing students' confidence in practice. In a study conducted by Duxbury and Ramsdale (2007), nursing students reported an increase in confidence after receiving feedback from patients about their care. These authors suggested that this increased confidence could potentially lead to an increase in the quality of care that nursing students provide (Duxbury & Ramsdale, 2007). This stipulation is supported by the findings of this current study in that patients indicated that their involvement in the assessment process would result in nursing students striving to perform well, which would be a direct benefit for patients who would receive high quality nursing care. However, in a study conducted by Speers (2015), it was found that student performance did not improve because of patient and parent involvement in the assessment process. Further research and consideration are therefore necessary to examine the impact of patient and parent feedback of nursing students' clinical practice on students' clinical performance.

Furthermore, the involvement of patients and parents in the assessment of nursing students' clinical practice which leads to feedback can enhance patient empowerment and increase patients' self-esteem (Morris, Dalton, McGoverin, & Symons, 2010; Rees, Knight, & Wilkinson, 2007). Patients of this study indicated the benefit for themselves, should they be involved in providing feedback of their assessment of nursing students' pediatric clinical practice, of having greater opportunity to be involved in their care, allowing them to have a voice and control. Among the benefits described by patient and parent participants, both indicated that their feedback would provide nursing students with tangible feedback directly from the recipients of their care and, in turn, that this would provide a more comprehensive assessment of students' clinical performance.

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Furthermore, patients felt that their feedback would be more impactful and a more accurate reflection of nursing students' clinical performance, as opposed to their clinical instructors', because they are the recipients of student care. The current literature states that patients' unique insight of their experience of care provided by nursing students is the best indicator as to whether or not patient needs have been met (Atkinson & Williams, 2011). Furthermore, such feedback can provide dynamism when combined with the clinical instructor's assessment and therefore provides a more comprehensive understanding of the students' performance (Debyser et al., 2011; Haycock-Stuart et al., 2016). Casey and Clark (2014) stated that patients' insight can provide nursing students with the necessary information to be reflexive in their clinical practice, ensuring that their self-evaluation includes the patient's perspective of the care that was provided, which is in keeping with the CNO's Standards of reflexive practice (CNO, 2014a).

Parents identified the potential benefits of their involvement for nursing students. Parents expressed a desire to ensure that nursing students' experience of receiving feedback is positive to support their learning and practice. As such, parents would like for their altruistic contribution to nursing students' clinical practice and education to be recognized and considered when seeking their involvement in the assessment process. Rafferty and Sullivan (2017) stated that by acknowledging parents' valuable contributions to student assessment, and by fostering a healthy partnership in which each person feels respected, parents would be more likely to continue to be involved. Likewise, patients would like to feel recognized, listened to, and valued following feedback provision of their assessment of nursing students (Debyser et al., 2011).

Patients of this study, who put equal emphasis on the benefits for themselves as they did for nursing students, were mostly focused on the immediate and short-term benefits. Their perceived challenges were also equally weighted and concerned with their ability to provide a fair

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assessment and feedback when feeling unwell. The impact of patients' health status has been discussed in previous literature as a limiting factor in patient's capacity to provide useful information of the students' clinical performance (Casey & Clark, 2014). The patients of this present study were most concerned about the irritability that can accompany feeling unwell and how this could ensue a harsher assessment and feedback of the students' performance. Patients, however, did not feel that their feedback would be less useful. A potential solution for this concern would be to ensure that clinical instructors are carefully selecting patients who are well enough and who have spent a sufficient amount of time with the nursing student to provide feedback which is based in a fair assessment (Casey & Clark, 2014). Furthermore, when discussing the potential challenges of their involvement, patients indicated that other patients may have preconceived biases and prejudices which could influence their assessment and feedback of nursing students. More specifically, given the pediatric context, patients stated a concern that some patients may favorize a nursing student and provide more positive feedback of them against their peers. This concern is supported by the literature which indicates that patients may judge nursing students' performance against other nurses rather than objective criteria (Casey & Clark, 2014; Haycock-Stuart et al., 2016). Stacey, Stickley, and Rush (2012) stated that involving patients in the assessment process could be potentially damaging as they could use this as an opportunity to express their dissatisfaction with the overall care received by all healthcare professionals, deflecting from the care received from the student. This resonates with the patients' concerns that prejudices and biases could negatively influence feedback provision. Further research is needed to explore this concern and to identify mitigating factors.

Although parents could not identify the benefits for themselves related to their involvement in the assessment process of nursing students' pediatric clinical practice, they did identify many

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challenges. Parents expressed a concern that should they provide honest feedback, which includes their assessment of the strengths and weaknesses of a nursing student, that students would judge them poorly judging and blame them for poor feedback. As supported by the literature, Stickley et al. (2011) stipulated that such a sentiment could be felt by parents because of the potential power imbalances with student that could arise from their involvement in the assessment process. A potential mitigating factor, as recommended by Twinn (1995), would be to provide a debriefing session following feedback provision from patients and parents with the intention of reducing this stress. Further, Gray and Donaldson (2010) indicated the importance of maintaining a supportive environment which is conducive to patients and parents feeling secure to share their concerns and anxieties.

Townend et al. (2008) found that patients reported increased anxiety when tasked with the responsibility of assessing students, stemming from their concern of negatively effecting students' academic progression and future career. Patients of this present study reported feeling afraid to provide feedback of certain elements of nursing care in fear that it would contradict what nursing students learn in school. Such concerns and anxieties could potentially be mitigated by reassuring patients and parents that their provided feedback will be weighted in the formative and summative assessments by clinical instructors, but that deciding if students are successful or not in passing their clinical placement is the sole responsibility of the clinical instructor (Casey & Clark, 2014).

Furthermore, parents of this study were concerned that their feedback could decrease nursing students' level of confidence and that this could negatively affect their pediatric clinical care. Parents felt that if students are aware that patients and parents are assessing them, they might be more nervous when providing care. Furthermore, they were concerned that other parents might provide unreasonably harsh or negative feedback and that this could further negatively affect

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students' level of clinical confidence. Nursing students' decreased level of confidence combined with the pressure to perform well for their assessors lead parents to believe that students could become less motivated in their clinical education. In the literature, it is generally agreed upon that feedback from patients and parents needs to be delivered intentionally and that the emphasis of the assessment and feedback thereof should be focused on the students' behavior rather than their character (Clynes & Raftery, 2008). Furthermore, it should be emphasized that the provision of feedback from the recipients of care is for students' learning, rather than it being a judgement of their performance (Debyser et al., 2011; Koh, 2008; Masters & Forrest, 2010; Stickley et al., 2011). It has been further discussed in the literature that there is a strong emotional component for students of receiving feedback from patients and parents (Eraut, 2006). Clynes and Raftery (2008) indicated that both the students' level of self-esteem as well as their age are important variables to consider when feedback is provided from patients and parents, as these are most indicative of how the feedback will be received.

Both patients and parents insightfully demonstrated that they are well attuned to the potential benefits and challenges for all of their involvement in providing feedback of their assessment of nursing students' pediatric clinical practice. In identifying these, patients and parents also indicated how the benefits could be enhanced and how the challenges could be mitigated. Both patients and parents indicated that receiving information prior to their involvement in the assessment process would be optimal and that this would allow them to provide feedback that is most reflective of the nursing students' clinical practice that is being considered in their formal assessment (i.e. of their clinical instructor). Casey and Clark (2014) suggested that the students' assessment should be focused on specific performance standards with clear criteria or questions which are provided to patients so that they know which elements of care to focus on during their

assessment. Furthermore, many authors have highlighted the importance of preparing patients and parents who are involved in nursing education, ensuring that their needs and concerns are attended to, that they are involved at each step of the process, and that they are being taken seriously (Debyser et al., 2011; Happell & Roper, 2003; Le Var, 2002; Levin, 2004; Wood & Wilson-Barnett, 1999).

#### **5.4 Evolution of the conceptual framework**

The initial conceptual framework that I presented in Chapter two following a review of the current scientific literature has evolved because as I have compared my study findings to the current literature with the aim of determining their key similarities and differences. In the conceptual framework in Chapter two, I presented the benefits and challenges of all three key concepts that were extracted from the literature: a) patient and parent involvement in the education of healthcare professionals; b) patient and parent involvement in nursing clinical and classroom teaching; and c) patient and parent involvement in the assessment of nursing students' clinical practice. In the new and adapted conceptual framework (Appendix L), I have presented the benefits and challenges as they relate to patient and parent involvement in the assessment of nursing students' pediatric clinical practice which leads to feedback only. I have therefore taken the last key concept of the initial framework (i.e. patient and parent involvement in the assessment of nursing students' clinical practice) and I have further developed it to be specific to the benefits and challenges of involving patients and parents in pediatric nursing student clinical assessment.

##### **5.4.1 Similarities and differences between the literature review and the study findings**

As presented in Chapter two, from the key concept, *patient and parent involvement in the assessment of nursing students*, emerged the following concepts which describe the benefits of patient and parent involvement in the assessment of nursing students: a) enhancing the nursing

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student-patient relationship; b) enhancing communication skills and collaboration; c) ensuring a complete student assessment with feedback from the recipients of their care; d) promoting culturally competent care; and e) enhancing self-awareness. From this same key concept, emerged the following concepts which describe the challenges of patient and parent involvement in the assessment of nursing students were identified: a) fear of negative consequences; b) power imbalances and coercion; c) ethical concerns; d) demoralization of nursing students; and e) patients' absence of clinical expertise.

As presented in the adapted conceptual framework, the sole key concept is *patient and parent involvement in the assessment of nursing students' pediatric clinical practice*. From this key concept emerged the following concepts from the study findings which describe the benefits of involving patients and parents in the assessment of nursing students' pediatric clinical practice: a) it's the best way for nursing students to learn; b) it gives the patients and parents a voice and control in their care; c) nursing students' clinical improvement; d) it provides nursing students with a real opinion and a real picture of the care that they provide; and e) it provides a bigger picture of nursing students' performance. The following concepts also emerged from the study findings, describing the challenges of involving patients and parents in the assessment of nursing students' pediatric clinical practice: a) patients' and parents' lack of medical knowledge; b) providing an honest assessment without blame or remorse; c) the potential impacts on nursing students' confidence; d) parents managing their own emotions and stress; e) patients' biases and prejudices; and f) patients not feeling well.

There are overlapping concepts between the current literature and the study findings, which is reflected in the adapted conceptual framework. From the initial framework, the benefit of enhancing communication and collaboration is presented which was also reported by the study

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patient participants who identified the benefit of having a voice and control in their care. Further, the benefit of ensuring a complete nursing student assessment with the feedback of the recipients of their care was also reported by both patient and parent participants of this study. Patients and parents felt that their feedback would provide nursing students with a real opinion and a real picture of the care that they provide as well as a bigger picture of their clinical performance. The concepts that emerged from this present study that were not found in the literature relate to the benefits of nursing student's learning and clinical improvement.

Almost each of the concepts pertaining to the challenges of patient and parent involvement extracted from the literature review were similar to the study findings. The fear of negative consequences, the potential demoralization of nursing students, and the challenge of power imbalances and coercion presented in the initial framework were also reported by the parent participants of this study who shared their fear of providing honest feedback of their assessment without blame or remorse and concern for the potential impacts on nursing students' confidence of receiving feedback from the recipients of their care. These were also reported by the patient participants of this study who identified the potential challenge of patients' biases and prejudices influencing their assessment and feedback of nursing students' pediatric clinical practice. Finally, patients' absence of clinical expertise was reported by both patient and parent participants of this study who reported the challenge of lacking medical knowledge. The two concepts presented in the adapted framework which were not presented in the initial version relate to parents managing their own emotions and stress as well as patients not feeling well, and the impact that these can have on their assessments which lead to feedback of students' clinical practice.

The central concepts of the adapted conceptual framework remained the same as the initial version, being the FCC model as well as the CNO's entrance to practice competencies. These

remained pertinent and necessary components of the framework because the study findings pertained to patients' and parents' involvement in feedback provision in a pediatric care context as well as their involvement in the assessment of nursing students' clinical practice.

Finally, a strength of this study is that it has allowed me to create and publish the first framework, to my knowledge, which conceptualizes patient and parent involvement in the assessment of nursing students' pediatric clinical practice.

### **5.5 Introduction of evidence-based principles to guide the involvement of patients and parents in the assessment of nursing students' pediatric clinical practice**

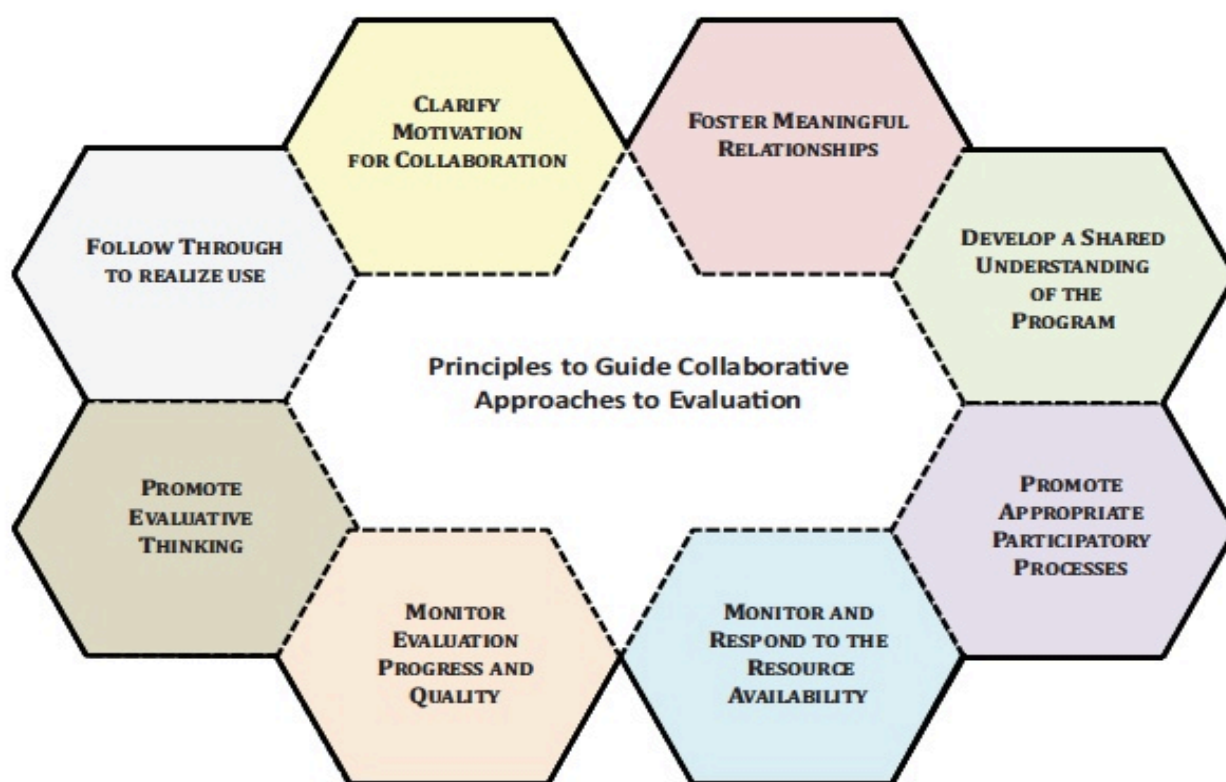
Shulha, Whitmore, Cousins, Gilbert, and Hudib (2016), introduced eight evidence-based principles to guide the evaluation of practice where evaluations are completed collaboratively by evaluators and stakeholders. This process of collaboration is referred to as collaborative approaches to evaluation (CAE), with 'evaluation' being driven by the observation and measurement of what is produced, by the authors who developed the principles (Shulha et al., 2016). I will therefore be using the term 'evaluation' throughout this section, rather than 'assessment' when referring to the CAE principles. In their study, the authors define stakeholders as funders, policymakers, program managers, program personnel, frontline workers, volunteers, program users, and the beneficiaries of the program (Shulha et al., 2016). For the purposes of this thesis, I will solely be considering the implementation of the principles to guide the involvement of patients and parents (i.e. the program users and beneficiaries) in the assessment of nursing students' (i.e. frontline workers) pediatric clinical practice which leads to feedback.

The eight principles (Figure 5.5) were empirically derived as a system to guide CAE (Shulha et al., 2016). The authors reported that their study data evolved using four phases: a) two pilot phases which aimed to explore the desirability of developing the CAE principles; b) an online

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survey that gathered results from practicing evaluators (n=320) to gather information pertaining to the factors that enhance or impede successful CAE; c) and a validation phase with evaluators (n=58) who participated in the online survey (Shulha et al., 2016). Because evaluators were involved at each step of the development of the CAE principles, they are the product of evaluators' experiences with implementing CAE in diverse contexts of evaluation and their perceptions of which approaches lead to successful CAE (Shulha et al., 2016).

Figure 5.5 The eight principles to guide CAE (Shulha et al., 2016)



The interconnected principles in Figure 5.5, which are not presented in a specific order of importance, are likely to be most effective if they are used while considering the purpose and the context of the evaluation, as well as the needs and capacities of the evaluators (Shulha et al., 2016). This is an important consideration for the involvement of patients and parents in nursing students' pediatric clinical practice assessment which leads to feedback, given that they are in a hospital

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context, in which parents reported the challenge of managing their own stress and emotions. Further, both patients and parents reported that they would necessitate information prior to being involved in the assessment process which, for patients, would entail specific assessment criteria.

The authors presented two important considerations with the use of the principles: 1) they are not a “menu” to choose from when undertaking collaborative work (Shulha et al., 2016). It is rather a matter of the degree to which evaluators utilize the principles, and not a “whether-or-not” proposition (Shulha et al., 2016, p. 198); and 2) the principles should not be prioritized prior to the evaluation (Shulha et al., 2016). As such, the authors claim that the principles that are emphasized in the evaluation are dependent on the purpose of the evaluation, the stage of evaluation, and the context of CAE (Shulha et al., 2016). These two propositions can be considered in the context of patients' and parents' involvement in providing feedback of their assessment of nursing students' pediatric clinical practice by ensuring that patient and parent involvement is guided by all eight principles and that the emphasis of these are decided as individual evaluations progress. Below I propose how each principle can be used to guide the involvement of patients and parents providing feedback of their assessment of nursing students' pediatric clinical practice based on the study findings.

The principle *clarify motivation for collaboration*, pertains to the process that is taken to ensure that the purpose of the evaluation is clear and understood by all those involved in the process (Shulha et al., 2016). This principle can be implemented from the beginning of the CAE in which evaluation questions are developed (Shulha et al., 2016). The essence of this principle was reflected in the patient participants' responses when they expressed not only a desire to receive specific assessment criteria for their assessment and feedback provision of nursing students, but also to receive this information prior to the assessment. Parent participants also expressed a need

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to receive information prior to their involvement, such as a 'heads up' that their involvement is requested. If patients' and parents' needs for such information are met, this would provide an opportunity to clarify the purpose of their involvement in the assessment of nursing students' pediatric clinical practice.

The principle *foster meaningful relationships*, refers to the important role that relationships play to develop and sustain the successful implementation of CAE (Shulha et al., 2016). This principle resonates with the patient participants' descriptions of their past encounters with nursing students in which they described feeling reassured by the presence of the student's clinical instructor. Because clinical instructors are primarily responsible for the formative and summative assessments of nursing students' clinical practice, their role in involving patients and parents in the assessment process is important. As such, a well fostered relationship between patients, parents, and clinical instructors could help in developing and sustaining the implementation of CAE.

The principle *develop a shared understanding of the program*, ensures that those involved in the evaluation are also involved in documenting the objectives and implementation of CAE (Shulha et al., 2016). This principle is relevant to each category that emerged from this study. To develop a shared understanding of the program with consensus on its objectives, it is important to factor in patients' and parents' past encounters with nursing students and how this has influenced their perception of their role in the assessment process. Further, because the program is to be based in a collaborative implementation, the elements of nursing students' clinical practice that patients and parents want to assess, how they would prefer to provide their feedback, and the identified facilitators for their involvement should be considered, as well as the benefits and challenges.

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The principle of *monitor evaluation progress and quality* pertains to the progression of evaluations towards important and meaningful outcomes (Shulha et al., 2016). Under this principle, the authors recognized that the stakeholder's experiences, ideas, and feelings are pivotal to answer the evaluation questions (Shulha et al., 2016). This principle pertains to patients' and parents' descriptions of their past encounters with nursing students in which they described their experiences with and observations of receiving care from nursing students and the impact that this had (both positive and negative). Under this principle, patients and parents would continue to be asked about their experiences with nursing students as CAE progressed to ensure that their experiences, ideas, and feelings are being captured in the assessment process.

The principle *promote evaluative thinking*, ensures that those involved in the evaluation process become engaged in identifying their assumptions, asking thoughtful questions, pursuing deeper understanding, and informed decision-making (Shulha et al., 2016). This principle is relevant to the challenge identified by patients that other patients might have biases and prejudices that would influence their assessment and feedback of nursing students' pediatric clinical practice. Under this principle, these biases and prejudices would be identified and challenged by asking thoughtful questions to stimulate reflexive thinking, allowing patients to have a deeper understanding of these. This principle is also relevant to parents' concern that if they provide honest feedback of their assessment, they will be met with blame and remorse by nursing students. Because this concern is not seeded in their past encounters with nursing students but is rather a concern of students' potential response to their feedback, the assumption can be identified and challenged in the same process outlined for patients' prejudices and biases.

The principle *promote appropriate participatory processes* pertains to decision making of the level of involvement of stakeholders in CAE (Shulha et al., 2016). The success of collaborative

approaches has often been attributed to high levels of involvement by stakeholders in decision-making (Shulha et al., 2016). The findings of this study cannot address this principle because the academic and clinical institutions, who would decide on the level of involvement of patients and parents in the assessment of nursing students' pediatric clinical practice, were not consulted for this information. Further, the principle *monitor and respond to resource availability*, which refers to the inferred costs to support CAE (i.e. monetary budget, time, and available personnel) (Shulha et al., 2016), can also not be related to this study's findings for the same reason. These are, however, areas of research for future studies to explore the implementation of policies and protocols to formally involve patients and parents in nursing students' clinical practice assessments.

Finally, the principle of *follow through to realize use*, recognizes that transformative outcomes of CAE are often the result of a shift in institutional and individual perspectives as they relate to knowledge construction as well as power and control dynamics (Shulha et al., 2016). This principle also requires further research to understand the existing institutional and individual perspectives as they relate to knowledge construction and power dynamics, as well as the required measures that are needed to shift these for the optimal involvement of patients and parents in the assessment of nursing students' pediatric clinical practice which leads to feedback.

### **5.6 Implications for nursing research and practice**

Conducting this study has allowed me to identify several nursing research implications which can inform future studies in the areas of patient and/or parent involvement in providing feedback of their assessment of nursing students' clinical practice, whether it be specific to pediatric care contexts or not, and parents' role in the pediatric clinical education of nursing

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students' outside of the classroom context. Further, my findings also allowed me to identify an implication for current nursing practice.

Future studies should seek to include a larger breadth of patient and parent populations, such as younger patients (younger than 14 years of age) and parents of pediatric patients who are older than 13 years of age, and who have received care from nursing students on diverse healthcare units (i.e. oncology and mental health units). The development of an assessment tool for patients and parents to assess and provide feedback of nursing students' pediatric clinical practice is also necessary and should be adapted to each specific care context. This nursing research implication and recommendation is supported by the study conducted by Debyser et al. (2011) from which the authors concluded that the patient participants identified the aspects of care that they are most frequently provided as those that they would want to assess of nursing students' practice. Therefore, in doing so, future studies can identify the elements of pediatric nursing student care that patients and parents would want to assess in the differing care contexts, allowing for several rigorous and comprehensive assessment tools to be developed.

Furthermore, future studies should examine the terminology used when seeking patient and parent involvement in the assessment process. As indicated by Stickley et al. (2011), this should be done with the aim of determining age-appropriate terminology that does not promote the creation of power imbalances between the patient and/or parent and the nursing student and which is all encompassing. As an implication for nursing research, future studies should focus on the development of a tool, which would provide guidelines and resources that are necessary for the involvement of patients and parents in the formative assessment of nursing students' pediatric clinical practice. This should be done in collaboration with patients, parents, clinical instructors, and nursing students to ensure a comprehensive tool that is meeting the needs of all participants

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involved in these processes. Such a study could benefit by using an exploratory sequential mixed methods research design because its primary intent is to develop and apply a quantitative intervention that is grounded in the qualitative data (Creswell & Plano Clark, 2017). Further, once developed, the tool should be evaluated for its application in the intended clinical care context.

The nursing student assessment tool created by Stickley et al. (2011) among adult patients in a psychiatric care context can potentially inform the future creation of such a tool in pediatrics and across differing care contexts. The aspects of nursing care that the patients of the study conducted by Stickley et al. (2011) indicated that they would want to assess were based on the nursing care that they most commonly received in psychiatry.

Figure 5.6 Sample assessment questions of nursing students' psychiatric clinical practice (Stickley et al., 2011)

<b>The student nurse showed a good awareness of how my treatment makes me feel.</b>				
<b>strongly disagree</b>	<b>mostly disagree</b>	<b>agree</b>	<b>mostly agree</b>	<b>strongly agree</b>
<b>The student nurse respected my individual needs for confidentiality</b>				
<b>strongly disagree</b>	<b>mostly disagree</b>	<b>agree</b>	<b>mostly agree</b>	<b>strongly agree</b>
<b>The student nurse listened me</b>				
<b>strongly disagree</b>	<b>mostly disagree</b>	<b>agree</b>	<b>mostly agree</b>	<b>strongly agree</b>

This is an important implication for future studies as it suggests that assessment tools created should be dependent on the patients' and parents' care context. The patient participants of the study conducted by Stickley et al. (2011) further suggested that the assessment tool should be adapted to the average reading age of the targeted patient population who will be completing the assessment and providing feedback. This is also an important implication for future studies which aim to develop assessment tools for nursing students' clinical practice, particularly if seeking to involve

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pediatric patients who are at differing stages of development. Once the tool was developed, the authors piloted the tool with three pairs of patients and nursing students over three weeks (Stickley et al., 2011).

Although the participants of this study indicated their preference in the timing of feedback provision should they be involved in the assessment process of nursing students' pediatric clinical practice, further research is needed to identify the optimal moments during a pediatric patient's hospitalization to obtain feedback that will produce a rich and comprehensive assessment of nursing students' practice. In doing so, certain challenges identified by the participants of this study could potentially be mitigated, such as the potential impacts of the patient's illness (i.e. providing harsher feedback because of irritability) and parents needing to manage their own emotions and stress in the hospital context. Another potential area for further research would seek to mitigate the challenges associated to pre-conceived prejudices and biases of patients and parents towards nursing students to ensure a fair and ethical assessment which leads to feedback. Moreover, there remains a gap in the literature on the weight that should be allocated to the feedback of patients' and parents' assessment of nursing students' clinical practice (Norman et al., 2002). This should be further explored with patient, parent, clinical instructor, and nursing student participants to ensure that all those who would be involved in the assessment process are heard and their needs considered. Because feelings of vulnerability for patients, parents, and nursing students have been associated with the involvement of patients and parents in the assessment process, there is a need for further nursing research to explore the needs in terms of support for all participants (Casey & Clark, 2014).

A significant gap in the literature, and an important nursing research implication, which was discovered in conducting this study is the involvement of parents of pediatric patients in the

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clinical education of nursing students while they are completing their pediatric clinical placement (i.e. not classroom teaching). As previously discussed, many studies have focused on the role of patients in the clinical education of nursing students, however to my knowledge, there has not been a study that has focused on the parents' role. The current literature is limited to parents' role as an advocate for their child when hospitalized, with most studies focusing on children with chronic illnesses. Because the study conducted by Debyser et al. (2011) was informative as to which aspects of care that patients would want to assess based on their previous encounters with nursing students, it is possible that this would be true for parents of pediatric patients as well. Future studies should seek to explore why and how parents identify the elements of nursing students' pediatric care that they would want to assess in their future encounters as well as their role in the clinical education of nursing students' pediatric clinical practice.

Furthermore, the findings of this study indicate that patients' perceptions are that nursing students' clinical performance would improve with the knowledge that they are being assessed by the recipients of their care. It is however inconclusive within the existing scientific literature if this would materialize. Further nursing research is therefore needed to explore the impact of patient and parent involvement in providing feedback of their assessment of nursing students' clinical practice on students' clinical performance.

The involvement of patients and parents in the assessment of nursing students' clinical practice which leads to feedback is an important implication to consider when examining the nature of nursing practice. By enabling the recipients of care to share their experiences of care and by valuing their perspectives of healthcare provision, we are allowing them to shape nursing knowledge and to guide how nursing care is provided (Collins, 2014; Haycock-Stuart et al., 2016). This shift towards patient and parent involvement in the assessment process can promote their

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empowerment by further involving them in their care, which is in keeping with the FCC model often implemented in pediatric care contexts. An important implication for nursing practice, should patients and parents be involved in the assessment process of nursing students, would be to establish the roles and responsibilities of clinical instructors and assigned nurses in feedback provision. This study has demonstrated that this is an important implication as patients and parents explicitly identified these nurses as being their preferred person to provide their feedback to.

Finally, because the framework that was introduced above presenting the eight principles of CAE is descriptive, parsimonious, and has a low level of abstraction, it is highly transferable and can therefore be used to further explore CAE as it pertains to patients' and parents' involvement in the assessment of nursing students' pediatric clinical practice which leads to feedback. Although further research is needed to understand how all eight principles can be used to guide the involvement of patients and parents in the assessment process, its foundation can be used to create principles that are adapted to both patients and parents as the assessors, and which meets nursing students' five program outcomes (i.e. self-directed learner, effective communicator, critical thinker, evolving professional, and knowledge worker) (Bourbonnais et al., 2007). To advance and adapt this framework, future studies should seek to involve policymakers as well as members of the academic and clinical institutions who regulate the assessment process of nursing students' clinical practice to understand: a) the level of involvement that can be attributed to patients and parents in the assessment process; b) the resources that are available to facilitate their involvement; and c) their current perspectives of knowledge construction and power dynamics as they relate to nursing students' clinical practice assessments (Shulha et al., 2016).

### **5.7 Strengths and limitations**

A significant strength of this study is that I discovered an important gap in the current scientific literature on parents' role in the clinical education of nursing students outside of classroom teaching. As mentioned above, this gap has considerable implications for nursing research as it requires further investigation to understand the function of this role in nursing students' clinical learning and the impact that this has on the parent-nursing student therapeutic relationship.

A limitation of this study is that the patient and parent population included was only from medical and surgical pediatric inpatient units. This study therefore did not gather the perceptions of patients and parents of their involvement in feedback provision of their assessment of nursing students' pediatric clinical practice who were admitted to an oncology or a mental health unit. As mentioned above, future studies should aim to include a greater breadth of patient and parent populations who receive care from nursing students. Lastly, an important limitation of this study is that the patients and parents recruited using Strategy 1 participated in an interview months after their discharge (i.e. after receiving care from a nursing student). These participants therefore spoke about their experiences of care retrospectively which may have affected their responses. For example, these participants may have forgotten certain information with time and they also may have had more opportunity over this time to further reflect on their experiences of receiving care from a nursing student. It is therefore important to note that the circumstances and the context of the participants from Strategies 1 and 2 were different which may have been cause for discrepancies in their responses.

## CONCLUSION

Prior to conducting this study, there was a paucity of empirical knowledge on the involvement of patients and parents in providing feedback of their assessment of nursing students' clinical practice overall, and there were no known studies that had explored this in a pediatric care context. In my thesis, I explored how patients and parents are currently involved in the assessment of nursing students' pediatric clinical practice, how they would like to be involved, and what the potential benefits and challenges of involving them could be. To do so, I conducted semi-structured interviews with nine parents and seven patients who were admitted to a medical or surgical inpatient unit at the study setting and who had received care from a nursing student during their hospitalization.

Despite the study findings that few patients and parents are being asked about their experiences of care with nursing students, patients and parents thoroughly described their past encounters with students in a pediatric care context, they identified the elements of students' pediatric care that they would want to assess in the future as well as how they would like to provide their feedback, and they identified the benefits and challenges of their involvement as well as facilitating factors.

Further research is necessary to determine the optimal timing for feedback provision as well as mitigating factors to reduce the creation of power imbalances within the nursing student-patient and parent therapeutic relationship. Future studies should focus on the development of a tool for patients and parents to assess and provide feedback on nursing students' pediatric clinical practice. According to the findings of this study, such a tool should be in the form of a questionnaire or a survey, and the terminology used should be intentionally chosen to be age-appropriate and all encompassing. Researchers should consider using the eight evidence-based

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principles of CAE presented above as a foundation to guide the creation of an assessment tool for the assessment of nursing students' pediatric clinical practice and for the implementation of patients' and parents' involvement in feedback provision in clinical practice settings.

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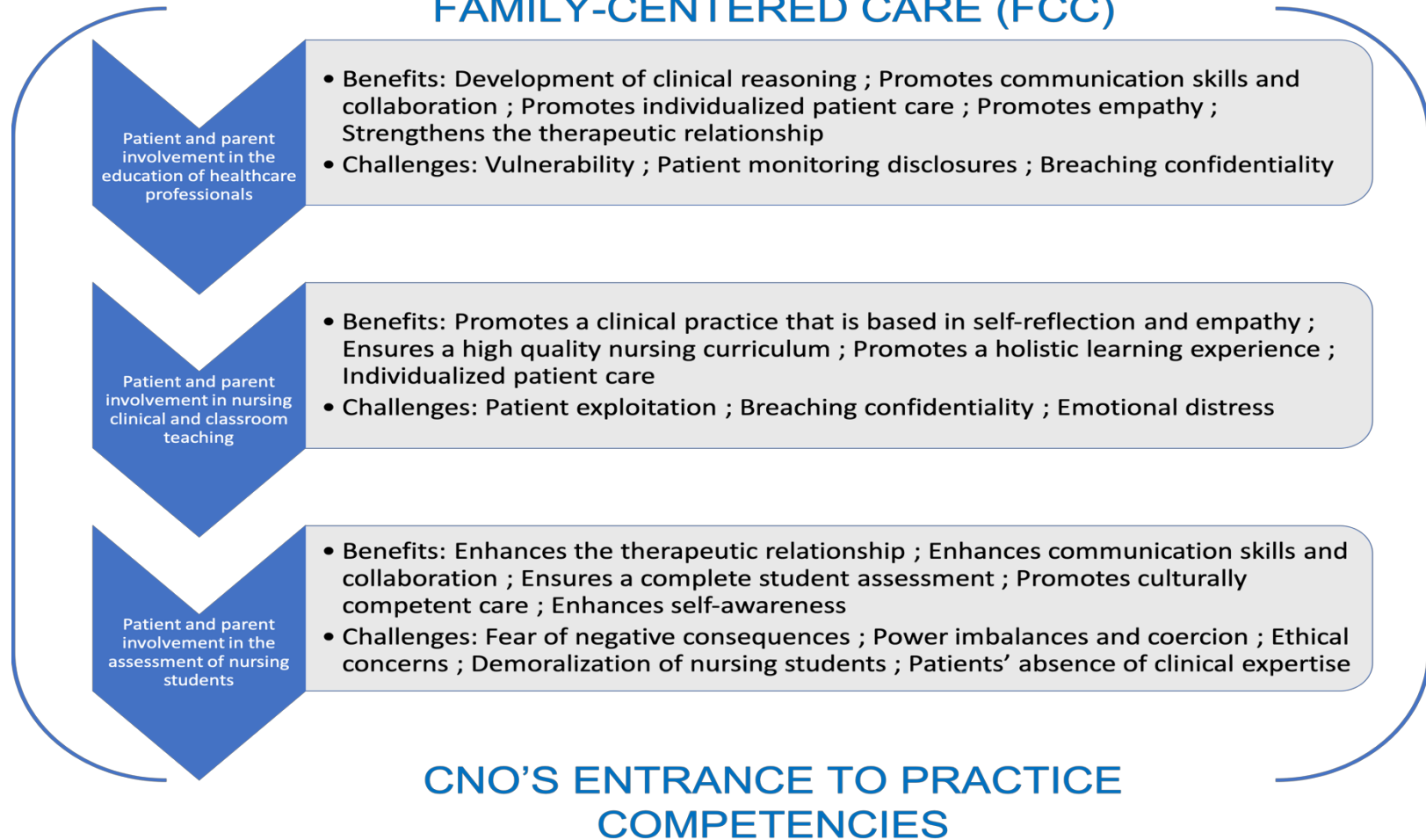
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**APPENDIX A: CONCEPTUAL FRAMEWORK**

**FAMILY-CENTERED CARE (FCC)**



## APPENDIX B: STRATEGIES 1 & 2 – SEMI-STRUCTURED INTERVIEW GUIDE (PATIENT AND PARENT)

Participant #:

Date:

Interviewer:

Location:

### **Interview Guide** **(Patient and Parent)**

#### **Introduction**

Thank you for taking the time to speak with me today. The information that you will share will help us to understand how youth and parents perceive their role in the assessment of nursing students who are completing their pediatric clinical placement on an inpatient unit at [REDACTED]. The following interview questions were developed to guide our conversation and to help you to reflect on your experiences when working with nursing students.

Do you have any questions before we begin?

1. Tell me about some of the encounters that you have had with nursing students.
2. If you were asked to assess nursing students in order to help them improve their clinical practice, what would you want to assess?
3. In your opinion, what are the benefits of having patients and parents assessing nursing students?
4. In your opinion, what are the challenges of having patients and parents assessing nursing students?
5. In your opinion, what could facilitate patient and parent involvement in the assessment of nursing students?

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

# du participant :

Date:

Intervieweur :

Heure :

Location :

**Guide d'entrevue**  
**(Patient et parent)****Introduction**

Merci de prendre le temps de discuter avec moi aujourd'hui. L'information que vous partagerez nous aidera à mieux comprendre comment les adolescents et les parents perçoivent leur rôle dans l'évaluation clinique des étudiantes infirmières complétant un stage sur une unité de médecine ou de chirurgie au [REDACTED]. Les questions d'entrevue qui suivent ont été développées pour guider notre conversation et pour vous aider à réfléchir sur vos expériences avec les étudiantes infirmières.

Avez-vous des questions avant de débiter l'entrevue?

1. Pouvez-vous me décrire vos expériences avec des étudiantes infirmières dans le passé?
2. Si on vous demandait d'évaluer les étudiantes infirmières afin de les aider à améliorer leur pratique clinique, qu'est-ce que vous voudriez évaluer?
3. À votre avis, quels sont les avantages d'impliquer les patients et les parents dans l'évaluation des étudiantes infirmières?
4. À votre avis, quels sont les défis d'impliquer les patients et les parents dans l'évaluation des étudiantes infirmières?
5. À votre avis, qu'est-ce qui pourrait faciliter l'implication des patients et des parents dans l'évaluation des étudiantes infirmières?

**APPENDIX C: STRATEGY 1 - PATIENT & PARENT EMAIL INVITATION****Email Invitation**  
**(Patient & Parent)**

Dear (insert name of potential participant),

Thank you for taking the time to read through this email and for your consideration to participate in this study on patients' and parents' perceptions of their role in the assessment of nursing students' pediatric clinical practice.

As you may recall, during a recent admission at [REDACTED] you were approached by a research team member and asked to complete a written survey on your perceptions of the involvement of patients and parents in the assessment of nursing students' pediatric clinical practice. Today I am contacting you because in your survey you indicated that you would be interested in participating in a follow-up interview.

If you are still interested in participating, I will conduct an interview with you at a time and location that is most convenient for you, either in person, by phone or by Skype. The interview will last approximately 60 minutes and you will be asked to answer questions pertaining to your experiences when working with nursing students on an inpatient unit at [REDACTED]

Below you will find an information letter explaining this study in more detail as well as your role as a potential participant. Please read the information letter carefully. You may contact me at any time if you have any questions about the study. Your participation in this study is voluntary.

Thank you for your time and consideration.

Cordially,

**Rebecca Balasa RN, BSN, MSN (c)**  
**Principal [REDACTED] Site Investigator (PI)**  
Emergency Department  
[REDACTED]

**Invitation par courriel**  
**(Patient & parent)**

Chère (nom du participant potentiel),

Merci de prendre le temps de lire ce courriel, ainsi que de considérer participer à notre étude portant sur les perceptions des patients et des parents quant à leur rôle dans l'évaluation de la pratique pédiatrique clinique des étudiants en sciences infirmières (étudiants infirmiers).

Lors d'une récente admission au [REDACTED] vous avez été approché(e) par un membre de notre équipe de recherche vous demande de remplir un questionnaire portant sur votre perception quant au rôle des patients et des parents dans l'évaluation de la pratique pédiatrique clinique des étudiants infirmiers. Aujourd'hui je vous contacte parce que vous avez indiqué dans votre questionnaire que vous seriez intéressé(e) à participer dans une entrevue de suivi.

Si vous êtes toujours intéressé(e) à participer, je mènerai une entrevue avec vous à un temps et à un endroit qui vous conviennent, soit en personne, par téléphone ou par Skype. L'entrevue sera d'une durée d'environ 60 minutes et je vous poserai des questions quant à vos expériences avec des étudiantes infirmières sur une unité de médecine ou de chirurgie au [REDACTED]

Vous trouverez ci-jointe une lettre d'information expliquant les détails de cette étude ainsi que votre rôle en tant de participant(e) potentiel(le). Veuillez s'il-vous-plaît lire attentivement la lettre d'information. Vous pouvez me contacter à tout moment si vous avez des questions à propos de l'étude. Votre participation est volontaire.

Merci de votre temps et de votre considération.

Cordialement,

**Rebecca Balasa IA, BS.Inf., MS.Inf. (c)**

Chercheuse principale au [REDACTED]

Département de l'urgence  
[REDACTED]

## APPENDIX D: STRATEGY 1 – INFORMATION LETTER FOR PATIENT AND PARENTS

### Information Letter

**Protocol Title:** Patients' and parents' involvement in the assessment of nursing students' pediatric clinical practice

We would like to invite you to participate in our study. Before agreeing to take part in this study, it is important that you read and understand this document.

#### What is this study about?

This study is about adolescent patients' (aged 14-18) and parents' (of children aged 0-13) perceptions of their role in the assessment of nursing students' completing a clinical placement at CHEO. You are being invited to join this research study because you previously indicated in a survey during your hospitalization on a medical or surgical unit at CHEO where you received nursing care from a nursing student that you would be interested in participating in a follow-up interview.

#### Why is this study being done?

This study is being done because we know that nursing students have frequent interactions with patients and their parents who are admitted to a medical or surgical inpatient unit at CHEO. We also know that because CHEO is a teaching hospital, nursing students are integral members of the healthcare team. Because patients and parents provide valuable information on the care that they receive, we want to know how you're currently involved in assessing nursing students' clinical practice as well as how you would like to be involved in the assessment of nursing students' clinical practice. Furthermore, we would like to know what you perceive as being the potential benefits and challenges for nursing students of involving patients and parents in their assessment. With this information, we hope to better understand if patients and parents would like to be involved in the assessment of nursing students and if so, how they would like to be involved.

#### How many people will take part in the study?

We expect to have 10 patients and 10 parents participate.

#### What will I have to do?

If you decide to participate in this study, you will participate in a 60-minute telephone, Skype or in-person interview with the Research Assistant (RA). She will ask you to provide some information about yourself and your experiences when receiving care from nursing students when you were admitted to a medical or surgical unit at CHEO. The interview will be audio-recorded. The RA will ask you questions about your role, in the assessment of nursing students' skills as well as what you think the benefits and challenges are to providing feedback on these assessments. At any time during the interview, you may skip any questions if you do not want to answer them.

#### Do I have to do this?

Information Letter (Patient & Parent) – Strategy 1, Version 2, September 18th, 2018

Your participation in this study is voluntary. If you decide to participate in this study but change your mind at any time, you are free to withdraw. Also, if you decide to participate, you do not have to answer any questions that you do not want to.

**Are there any risks to participating in the study?**

A potential risk of participating in this study may result in you feeling uncomfortable if a question touches upon a sensitive or personal topic. If you feel uncomfortable, you may choose not to answer a question.

**Are there any benefits to participating in the study?**

There are no direct benefits to the participants of this study, however, this study will help to inform future potential strategies for involving patients and parents in the assessment process of nursing students' during their pediatric clinical placement.

**Will I be paid to participate?**

No compensation will be provided for your participation in this study.

**Can I withdraw?**

You can withdraw from this study at any time without any consequences to the care that you receive at [REDACTED]. If you wish to withdraw, please discuss this with the PI. If you withdraw your consent, the PI will no longer collect any information and she will not use any already disclosed information.

**Will I be told about new information?**

Results will be published in scientific journals and will be presented at conferences. Results may also serve as educational material in relevant courses. In all cases, you will not be identified. If you would like to review the results of the study upon its completion, please contact the investigators.

**What about confidentiality and privacy?**

Confidentiality will be respected at all times. All data and study materials will be stored on a password-protected computer and/or in a locked filing cabinet in a locked research office at the [REDACTED] Research Institute. Only the study team and the Research Assistant will have access to the data and materials. Quotes from your interview may be used in publications or reports; however, they will be modified so as not to contain any identifying information. Audio recordings and interview transcriptions will be destroyed 7 years after the study closure.

Your interview information will be assigned an ID number. The link between your name, your contact information, and the ID number will be stored securely and separately from your study records in a locked filing cabinet, in a locked office at the [REDACTED] Research Institute. The recorded interviews will be kept on a secure server accessed through a password-protected computer that is kept in a locked room with access restricted to the investigators. Publications or presentations resulting from this study will only contain your ID number and no other identifying information. Information that identifies you will only be released if it is required by law.

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

A copy of the signed consent form will be provided to you.

**What if I have questions?**

You may contact Rebecca Balasa at [REDACTED] or Julie Chartrand at [REDACTED] with any questions related to the study.

*This study has been reviewed and approved by the [REDACTED] Research Ethics Board and the [REDACTED] Research Ethics Board.*

Thank you for your time and consideration!

Sincerely,

**Rebecca Balasa RN BSN MSN (c)**  
Principal [REDACTED] Site Investigator,  
Emergency Department  
[REDACTED]

**Julie Chartrand RN PhD**  
Principal [REDACTED] Site  
Investigator; Assistant Professor, School of  
Nursing, Faculty of Health Sciences,  
[REDACTED] Affiliate Investigator,  
[REDACTED]  
Research Institute  
[REDACTED]

**Katherine A. Moreau PhD**  
Co-Investigator; Assistant Professor,  
Faculty of Education [REDACTED]  
Affiliate Investigator  
[REDACTED]

**Kaylee Eady PhD**  
Co-Investigator; Research Associate,  
Health Professions Education,  
[REDACTED]  
Research Institute  
[REDACTED]

### **Lettre d'information**

**Titre du protocole :** La participation des patients et des parents à l'évaluation clinique pédiatrique des étudiants infirmiers.

Nous aimerions vous inviter à participer à notre étude. Avant d'accepter de participer, il est important que vous lisiez et compreniez ce document.

#### **En quoi consiste cette étude?**

Cette étude cherche à comprendre les perceptions des patients adolescents (âgés de 14 à 18 ans) et des parents (d'enfants âgés de 0 à 13 ans) quant à leur rôle dans l'évaluation de la pratique clinique pédiatrique des étudiantes infirmières complétant un stage au [REDACTED]. Nous vous invitons à participer à cette étude parce que vous avez indiqué dans un questionnaire que vous avez rempli précédemment lors d'une hospitalisation antérieure sur une unité de médecine ou de chirurgie au [REDACTED] que vous seriez intéressé(e) à participer à une entrevue de suivi.

#### **Pourquoi cette étude a-t-elle lieu?**

Cette étude a lieu parce que nous savons que les étudiantes infirmières ont plusieurs interactions avec les patients et les parents de patients qui sont admis sur une unité de médecine et de chirurgie au [REDACTED]. Nous savons aussi que le [REDACTED] est un centre hospitalier universitaire et que, conséquemment, les étudiantes infirmières sont des membres intégraux de l'équipe de soins de santé. Sachant que les patients et les parents fournissent de l'information importante quant aux soins de santé qui leur sont prodigués, nous voulons savoir comment vous êtes présentement impliqués dans l'évaluation clinique des étudiantes infirmières et comment vous aimeriez être impliqués dans l'évaluation clinique des étudiantes infirmières. Plus encore, nous cherchons à comprendre votre perception des défis et des avantages potentiels pour les étudiants infirmiers d'inclure les patients et les parents dans leur évaluation clinique. Avec cette information, nous voulons mieux comprendre si les patients et les parents veulent participer dans l'évaluation clinique des étudiants infirmiers et, si oui, comment ils veulent participer.

#### **Combien de personnes feront partie de cette étude?**

Nous estimons que 10 patients et 10 parents participeront à cette étude.

#### **Que vais-je devoir faire?**

Si vous acceptez de participer à cette étude, vous participerez à une entrevue de 60 minutes soit par téléphone, par Skype ou en personne avec une assistante à la recherche (AR). Elle vous demandera de fournir de l'information personnelle et de vos expériences quand vous avez reçu des soins de santé de la part d'étudiantes infirmières lorsque vous étiez admis sur une unité de médecine ou de chirurgie au [REDACTED]. L'entrevue sera enregistrée. L'AR vous posera des questions à propos de votre rôle, le cas échéant, dans l'évaluation clinique des étudiants infirmiers ainsi que vos perceptions des défis et des avantages potentiels de fournir de la rétroaction de ces évaluations. À n'importe quel moment pendant l'entrevue, vous pouvez passer une question si vous ne voulez pas y répondre.

#### **Est-ce que ma participation est obligatoire?**

Lettre d'Information (Patient & parent) – Stratégie 1, Version 1, le 10 octobre 2018

Votre participation à cette étude est volontaire. Si vous décidez de participer à cette étude et que vous changez d'avis, vous pouvez vous retirer de l'étude à tout moment. De plus, vous pouvez choisir de ne pas répondre à toutes les questions.

**Y-a-t-il des risques à participer à cette étude?**

Un risque potentiel de participer à cette étude est un sentiment d'inconfort face à certains sujets délicats ou personnels. Si vous vous sentez inconfortable, vous pouvez choisir de ne pas répondre à certaines questions.

**Y-a-t-il des avantages à participer à cette étude?**

Il n'y a pas d'avantages directs pour les participants de l'étude. Cependant, cette étude aidera à élaborer des stratégies potentielles pour inclure les patients et les parents dans le processus de l'évaluation clinique des étudiants infirmiers complétant un stage clinique en pédiatrie.

**Est-ce que je serai compensé(e) pour ma participation?**

Aucune compensation sera offerte pour votre participation à cette étude.

**Est-ce que je peux me retirer de cette étude?**

Vous pouvez vous retirer de cette étude à tout moment sans qu'il n'y ait un impact aux soins que vous recevez au [REDACTED]. Si vous souhaitez vous retirer de l'étude, veuillez en discuter avec la chercheuse principale. Si vous retirez votre consentement, la chercheuse principale ne collectera plus votre information et elle n'utilisera pas votre information déjà fournie.

**Est-ce que je serai informé(e) de nouvelles informations?**

Les résultats seront publiés dans des journaux scientifiques et seront présentés aux conférences. Les résultats peuvent aussi être utilisés comme matériel éducatif dans des cours pertinents. Dans ce tels cas, vous ne seriez pas identifié(e). Si vous souhaitez consulter les résultats de l'étude lorsqu'elle sera complétée, veuillez contacter un membre de l'équipe de recherche.

**Qu'en est-il de la confidentialité et de la vie privée?**

La confidentialité sera respectée en tout temps. Toutes les données et le matériel relatifs à l'étude seront gardés dans un ordinateur protégé par un mot de passe et/ou dans un classeur verrouillé, situé dans un local verrouillé à l'Institut de recherche du [REDACTED]. Seule l'équipe de recherche aura accès aux données et au matériel relatifs à l'étude. Les citations tirées de votre entrevue pourraient être utilisées dans des publications ou des rapports; cependant, elles seront modifiées pour ne pas inclure de l'information qui pourrait vous identifier. Les enregistrements et les transcriptions d'entrevue seront détruits sept ans après la fin de l'étude.

Votre entrevue et les informations seront assignées à un numéro d'identification. Le lien entre votre nom, vos informations personnelles et votre numéro d'identification sera gardé de façon sécuritaire et séparément des données de l'étude dans un classeur verrouillé, situé dans un local verrouillé à l'Institut de recherche du [REDACTED]. Les entrevues enregistrées seront gardées dans un serveur sécurisé qui peut seulement être accédé en utilisant un ordinateur protégé par un mot de passe, situé dans un local verrouillé et accessible que par les chercheuses de l'étude. Les publications ou les présentations résultants de cette étude contiendront seulement votre numéro

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

d'identification sans autre information qui pourrait vous identifier. L'information qui vous identifie sera seulement partagée s'il est requis par la Loi.

Une copie du formulaire de consentement signé vous sera fournie.

**À qui puis-je poser mes questions?**

N'hésitez pas à communiquer avec Rebecca Balasa [REDACTED] ou Julie Chartrand [REDACTED] pour toute question reliée à cette étude.

*Cette étude a été approuvée par le Comité d'éthique de la recherche de [REDACTED] et le Comité d'éthique de la recherche de [REDACTED]*

Nous vous remercions de votre temps et de votre considération!

Sincèrement,

**Rebecca Balasa IA BS, Inf. MS, Inf. (c)**

Chercheuse principale de [REDACTED], Maîtrise en sciences infirmières (étudiante), École des sciences infirmières, Faculté des sciences de la santé [REDACTED]

**Julie Chartrand IA PhD**

Chercheuse principale de [REDACTED] professeure adjointe, École des sciences infirmières, [REDACTED] chercheuse affiliée, Institut de recherche du [REDACTED]

**Katherine A. Moreau PhD**

Co-chercheuse; professeure adjointe, Faculté de l'éducation, [REDACTED] chercheuse affiliée, Institut de recherche du [REDACTED]

**Kaylee Eady PhD**

Co-chercheuse; adjointe de recherche, Enseignements aux professionnels de la santé, [REDACTED]

## APPENDIX E: STRATEGIES 1 & 2 – WRITTEN AND VERBAL INFORMED CONSENT FORMS

### Patients' and Parents' Involvement in the Assessment of Nursing Students' Pediatric Clinical Practice

#### Informed Consent Form and Signatures (Patient and Parent)

**Research Team:**

**Rebecca Balasa, RN, BSN, MSN (c)** Principal [REDACTED] Site Investigator;

Emergency Department, [REDACTED]

**Julie Chartrand, RN, PhD, Principal** [REDACTED] Site Investigator;

Assistant Professor, School of Nursing, Faculty of Health Sciences, [REDACTED]

**Katherine A. Moreau, PhD, Co-Investigator;**

Assistant Professor, Faculty of Education, [REDACTED]

Affiliate Investigator, [REDACTED] Research Institute,

**Kaylee Eady, PhD, Co-Investigator;**

Research Associate, Health Professions Education, [REDACTED]

Research Institute [REDACTED]

We would like to invite you to participate in an interview for our study.

**What is this study about?**

This study is about adolescent patients' (aged 14-18) and parents' (of children aged 0-13) perceptions of their role in the assessment of nursing students' completing a clinical placement at [REDACTED]. This study is being done because we know that nursing students have frequent interactions with patients and their parents who are admitted to a medical or surgical inpatient unit at [REDACTED]. We also know that because [REDACTED] is a teaching hospital, nursing students are integral members of the healthcare team. Because patients and parents provide valuable information on the care that they receive, we want to know how you're currently involved in assessing nursing students' clinical practice as well as how you would like to be involved in the assessment of nursing students' clinical practice. Furthermore, we would like to know what you perceive as being the potential benefits and challenges for nursing students of involving patients and parents in their assessment. With this information, we hope to better understand if patients and parents would like to be involved in the assessment of nursing students and if so, how they would like to be involved

**What will I have to do?**

If you decide to participate in this study, you will participate in a 60-minute telephone, Skype or in-person interview with the Research Assistant (RA). She will ask you to provide some information about yourself and your experiences when receiving care from nursing students

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

when you were admitted to a medical or surgical unit at [REDACTED]. The interview will be audio-recorded. The RA will ask you questions about your role, if any, in the assessment of nursing students' skills as well as what you think the benefits and challenges are to providing feedback on these assessments. At any time during the interview, you may skip any questions if you do not want to answer them.

**What about confidentiality and privacy?**

Confidentiality will be respected at all times. All data and study materials will be stored on a password-protected computer and/or in a locked filing cabinet in a locked research office at the [REDACTED] Research Institute. Only the study team and the Research Assistant will have access to the data and materials. Quotes from your interview may be used in publications or reports; however, they will be modified so as not to contain any identifying information. Audio recordings and interview transcriptions will be destroyed 7 years after the study closure.

Your interview information will be assigned an ID number. The link between your name, your contact information, and the ID number will be stored securely and separately from your study records in a locked filing cabinet, in a locked office at the [REDACTED] Research Institute. The recorded interviews will be kept on a secure server accessed through a password-protected computer that is kept in a locked room with access restricted to the investigators. Publications or presentations resulting from this study will only contain your ID number and no other identifying information. Information that identifies you will only be released if it is required by law.

A copy of the signed consent form will be provided to you.

**Do I have to do this?**

Your participation in this study is voluntary. You can withdraw from this study at any time without any consequences to the care that you receive at [REDACTED]. If you wish to withdraw, please discuss this with the PI. If you withdraw your consent, the PI will no longer collect any information and she will not use any already disclosed information.

**How many people will participate?**

We expect to have 10 patients and 10 parents participate.

**Are there any risks to participating?**

A potential risk of participating in this study may result in you feeling uncomfortable if a question touches upon a sensitive or personal topic. If you feel uncomfortable, you may choose not to answer a question.

**Are there any benefits to participating?**

There are no direct benefits to the participants of this study, however, this study will help to inform future potential strategies for involving patients and parents in the assessment process of nursing students' during their pediatric clinical placement.

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

*Thank you for considering this study!*

Would you like to receive information on the final study findings after the study is complete?

**Yes / No**

If yes, please provide your email address:

By signing this consent form I agree that:

- I understand that I am being asked to participate in a research study about patients' and parents' perceptions of their role in the assessment of nursing students' pediatric clinical practice.
- I have read, or have had read to me, each page of this Informed Consent Form.
- Each of my questions have been answered to my satisfaction.
- If I decide later that I would like to withdraw my participation and/or consent from the study, I can do so at any time.
- I voluntarily agree to participate in this study.
- I agree to be audio-recorded.
- I will be given a copy of this signed Informed Consent Form in person or by email.

**Signatures**

*Obtain the appropriate signatures, which should be based on capacity.*

Printed Participant's Name	Participant's Signature	Date
Printed Name of Person Who Conducted Consent Discussion	Signature of Person Who Conducted Consent Discussion	Date

This study has been reviewed and approved by the [REDACTED] Research Ethics Board and the [REDACTED] Research Ethics Board. The [REDACTED] Board reviews all human research that takes place at the hospital. The [REDACTED] Board reviews all human research that is affiliated to or that takes place at the University. The goals of the Boards are to ensure that the

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

safety, dignity, and confidentiality of the participants of this study are being preserved. The Board's work is not intended to replace a parent or child's judgment about what decisions and choices are best for them. You may contact the [REDACTED] Research Ethics Board, for information regarding patient's rights in research studies at (613) 737-7600 (3272), although this person cannot provide any health-related information about the study.

Please contact Rebecca Balasa at [REDACTED] with any questions related to the study.

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

**Patients' and Parents' Involvement in the Assessment of Nursing Students' Pediatric  
Clinical Practice**

**Verbal Consent Form and Signatures  
(Patient and Parent)**

**Research Team:**

**Rebecca Balasa**, RN, BSN, MSN (c) Principal [REDACTED] Site Investigator;

Emergency Department, [REDACTED]

**Julie Chartrand**, RN, PhD, Principal [REDACTED] Site Investigator;

Assistant Professor, School of Nursing, Faculty of Health Sciences, [REDACTED]

**Katherine A. Moreau**, PhD, Co-Investigator;

Assistant Professor, Faculty of Education, [REDACTED]

Affiliate Investigator, [REDACTED] Research Institute,

**Kaylee Eady**, PhD, Co-Investigator;

Research Associate, Health Professions Education, [REDACTED]

Research Institute, [REDACTED]

We would like to invite you to participate in an interview for our study.

**What is this study about?**

This study is about adolescent patients' (aged 14-18) and parents' (of children aged 0-13) perceptions of their role in the assessment of nursing students' completing a clinical placement at [REDACTED]. This study is being done because we know that nursing students have frequent interactions with patients and their parents who are admitted to a medical or surgical inpatient unit at [REDACTED]. We also know that because [REDACTED] is a teaching hospital, nursing students are integral members of the healthcare team. Because patients and parents provide valuable information on the care that they receive, we want to know how you're currently involved in assessing nursing students' clinical practice as well as how you would like to be involved in the assessment of nursing students' clinical practice. Furthermore, we would like to know what you perceive as being the potential benefits and challenges for nursing students of involving patients and parents in their assessment. With this information, we hope to better understand if patients and parents would like to be involved in the assessment of nursing students and if so, how they would like to be involved

**What will I have to do?**

If you decide to participate in this study, you will participate in a 60-minute telephone, Skype or in-person interview with the Research Assistant (RA). She will ask you to provide some information about yourself and your experiences when receiving care from nursing students

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

when you were admitted to a medical or surgical unit [REDACTED]. The interview will be audio-recorded. The RA will ask you questions about your role, if any, in the assessment of nursing students' skills as well as what you think the benefits and challenges are to providing feedback on these assessments. At any time during the interview, you may skip any questions if you do not want to answer them.

**What about confidentiality and privacy?**

Confidentiality will be respected at all times. All data and study materials will be stored on a password-protected computer and/or in a locked filing cabinet in a locked research office at the [REDACTED] Research Institute. Only the study team and the Research Assistant will have access to the data and materials. Quotes from your interview may be used in publications or reports; however, they will be modified so as not to contain any identifying information. Audio recordings and interview transcriptions will be destroyed 7 years after the study closure.

Your interview information will be assigned an ID number. The link between your name, your contact information, and the ID number will be stored securely and separately from your study records in a locked filing cabinet, in a locked office at the [REDACTED] Research Institute. The recorded interviews will be kept on a secure server accessed through a password-protected computer that is kept in a locked room with access restricted to the investigators. Publications or presentations resulting from this study will only contain your ID number and no other identifying information. Information that identifies you will only be released if it is required by law.

A copy of the signed consent form will be provided to you.

**Do I have to do this?**

Your participation in this study is voluntary. You can withdraw from this study at any time without any consequences to the care that you receive at [REDACTED]. If you wish to withdraw, please discuss this with the PI. If you withdraw your consent, the PI will no longer collect any information and she will not use any already disclosed information.

**How many people will participate?**

We expect to have 10 patients and 10 parents participate.

**Are there any risks to participating?**

A potential risk of participating in this study may result in you feeling uncomfortable if a question touches upon a sensitive or personal topic. If you feel uncomfortable, you may choose not to answer a question.

**Are there any benefits to participating?**

There are no direct benefits to the participants of this study, however, this study will help to inform future potential strategies for involving patients and parents in the assessment process of nursing students' during their pediatric clinical placement.

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

*Thank you for considering this study!*

Would you like to receive information on the final study findings after the study is complete?

**Yes / No**

**If yes, please provide your email address:**

This form will be used if the interview is being conducted by phone or by Skype and the participant is unable or prefers not to print out, scan, and return the signed consent form. The full study information and consent form will be sent to the participant and reviewed over the phone with a member of the research team.

Prior to beginning the interview, I would like to confirm the following:

- You understand that you are being asked to participate in a research study about patients' and parents' perceptions of their role in the assessment of nursing students' pediatric clinical practice.
- You have read, or have had read to you, each page of this Informed Consent Form.
- Each of your questions have been answered to your satisfaction.
- If you decide later that you would like to withdraw your participation and/or consent from the study, you can do so at any time.
- You voluntarily agree to participate in this study.
- You will be given a copy of this signed Informed Consent Form by email.

Do you agree to be audio-recorded? **Yes / No** Investigator/Delegate's Initials \_\_\_\_\_

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

**Investigator or Delegate Statement**

I have carefully explained the study to the study participant. To the best of my knowledge, the participant understands the aims, risks and benefits involved in taking part in this study. I have also provided the participant with an opportunity to ask and have addressed any questions they might have about the study. The participant has verbally consented to voluntarily participate in this study.

\_\_\_\_\_

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

Investigator/Delegate's Printed Name      Investigator/Delegate's Signature

\_\_\_\_\_  
Date

This study has been reviewed and approved by [REDACTED] Research Ethics Board and the [REDACTED] Research Ethics Board. The [REDACTED] Board reviews all human research that takes place at the hospital. The [REDACTED] Board reviews all human research that is affiliated to or that takes place at the University. The goals of the Boards are to ensure that the safety, dignity, and confidentiality of the participants of this study are being preserved. The Board's work is not intended to replace a parent or child's judgment about what decisions and choices are best for them. You may contact the [REDACTED] Research Ethics Board, for information regarding patient's rights in research studies at (613) 737-7600 (3272), although this person cannot provide any health-related information about the study.

Please contact Rebecca Balasa at [REDACTED] with any questions related to the study.

**La participation des patients et des parents à l'évaluation clinique pédiatrique des étudiantes infirmières**

**Formulaire de consentement écrit et signatures  
(Patients et parents)**

**Équipe de recherche :**

**Rebecca Balasa, IA, BS.Inf., MS.Inf.(c)** Chercheuse principale du [REDACTED]  
Département de l'urgence, [REDACTED]

**Julie Chartrand, IA, PhD,** Chercheuse principale de [REDACTED]  
Professeure adjointe, École des sciences infirmières, Faculté des sciences de la santé, [REDACTED]

**Katherine A. Moreau, PhD,** Co-chercheuse:  
Professeure adjointe, Faculté d'éducation, [REDACTED]  
Chercheuses affiliée, Institut de recherche du [REDACTED]

**Kaylee Eady, PhD,** Co-chercheuse;  
Adjointe de recherche, Enseignements aux professionnels de la santé,  
Institut de recherche du [REDACTED]

Nous aimerons vous inviter à participer à une entrevue pour notre étude.

**En quoi consiste cette étude?**

Cette étude cherche à comprendre les perceptions des patients adolescents (âgés de 14-18 ans) et des parents (des enfants âgés de 0-13 ans) quant à leur rôle dans l'évaluation de la pratique clinique pédiatrique des étudiants en sciences infirmières (étudiantes infirmières) complétant un stage clinique au [REDACTED]. Cette étude est en cours parce que nous savons que les étudiantes infirmières ont plusieurs interactions avec les patients et les parents admis sur une unité de médecine ou de chirurgie au [REDACTED]. Nous savons aussi que le [REDACTED] est un centre hospitalier universitaire et que, conséquemment, les étudiantes infirmières sont des membres intégraux de l'équipe de soins de santé. Sachant que les patients et les parents fournissent de l'information importante concernant les soins de santé qui leur sont prodigués, nous voulons savoir comment vous êtes présentement impliqué(e) dans l'évaluation clinique des étudiantes infirmières et comment vous aimeriez être impliqué(e) dans l'évaluation clinique des étudiantes infirmières. Plus encore, nous cherchons à comprendre votre perception quant aux défis et aux avantages potentiels pour les étudiantes infirmières d'impliquer les patients et les parents dans leur évaluation clinique. Avec cette information, nous voulons mieux comprendre si les patients et les parents veulent participer à l'évaluation clinique des étudiantes infirmières et, si oui, comment ils veulent y participer.

**Que vais-je devoir faire?**

Formulaire de consentement écrit (Patient & parent), Version 1, le 10 octobre 2018

Si vous acceptez de participer à cette étude, vous participerez à une entrevue de 60 minutes soit par téléphone, par Skype ou en personne avec une assistante à la recherche (AR). Elle vous demandera de fournir de l'information personnelle et de l'expérience que vous avez vécu lorsque vous avez reçu des soins de santé d'étudiantes infirmières lors de votre admission sur une unité de médecine ou de chirurgie au [REDACTED]. L'entrevue sera enregistrée. L'AR vous posera des questions à propos de votre rôle, le cas échéant, dans l'évaluation clinique des étudiantes infirmières ainsi que vos perceptions des défis et des avantages potentiels de fournir de la rétroaction de ces évaluations. À n'importe quel moment pendant l'entrevue, vous pouvez passer une question si vous ne voulez pas y répondre.

**Qu'en est-il de la confidentialité et la vie privée?**

La confidentialité sera respectée en tout temps. Toutes les données et le matériel relatifs à l'étude seront gardés dans un ordinateur protégé par un mot de passe et/ou dans un classeur verrouillé, situé dans un local verrouillé à l'Institut de recherche du [REDACTED]. Seule l'équipe de recherche aura accès aux données et au matériel relatifs à l'étude. Les citations tirées de votre entrevue pourraient être utilisées dans des publications ou des rapports; cependant, elles seront modifiées pour ne pas inclure de l'information qui pourrait vous identifier. Les enregistrements et les transcriptions d'entrevue seront détruits sept ans après la fin de l'étude.

Votre entrevue et les informations seront assignées à un numéro d'identification. Le lien entre votre nom, vos informations personnelles et votre numéro d'identification sera gardé de façon sécuritaire et séparément des données de l'étude dans un classeur verrouillé, situé dans un local verrouillé à l'Institut de recherche du [REDACTED]. Les entrevues enregistrées seront gardées dans un serveur sécurisé qui peut seulement être accédé en utilisant un ordinateur protégé par un mot de passe, situé dans un local verrouillé et accessible que par les chercheuses de l'étude. Les publications ou les présentations résultants de cette étude contiendront seulement votre numéro d'identification sans autre information qui pourrait vous identifier. L'information qui vous identifie sera seulement partagée s'il est requis par la Loi.

Une copie du formulaire de consentement signé vous sera fournie.

**Est-ce que ma participation est obligatoire?**

Votre participation à cette étude est volontaire. Si vous décidez de participer à cette étude et que vous changez d'avis, vous pouvez vous retirer de l'étude à tout moment. De plus, vous pouvez choisir de ne pas répondre à toutes les questions.

**Combien de personnes feront partie de cette étude?**

Nous estimons que 10 patients et 10 parents participeront à cette étude.

**Y-a-t-il des risques à participer à cette étude?**

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

Un risque potentiel de participer à cette étude est un sentiment d'inconfort face à certains sujets délicats ou personnels. Si vous sentez inconfortable, vous pouvez choisir de ne pas répondre à certaines questions.

**Y-a-t-il des avantages à participer à cette étude?**

Il n'y a pas des avantages directs pour les participants de l'étude. Cependant, cette étude aidera à élaborer des stratégies potentielles pour inclure les patients et les parents dans le processus de l'évaluation clinique des étudiantes infirmières complétant un stage clinique en pédiatrie.

***Merci de considérer participer cette étude!***

Aimeriez-vous recevoir les résultats de l'étude une fois complétée?

**Oui / Non**

**Si oui**, veuillez s'il vous plaît indiquer votre adresse courriel :

En signant ce formulaire de consentement, je confirme que :

- Je comprends qu'on me demande de participer à une recherche portant sur les perceptions des patients et des parents quant à leur rôle dans l'évaluation clinique pédiatrique des étudiantes infirmières.
- J'ai lu, ou on a lu pour moi, chaque page de ce formulaire de consentement.
- Mes questions ont été répondues à ma satisfaction.
- Si je décide plus tard que je veux me retirer de l'étude, je peux le faire à n'importe quel moment.
- Ma participation à cette étude est volontaire.
- J'accepte que cette entrevue soit enregistrée.
- On me fournira une copie de ce formulaire de consentement signé.

**Signature**

***Obtenez les signatures; celles-ci devraient être basées sur les capacités individuelles.***

\_\_\_\_\_  
Nom du participant                      Signature du participant                      Date

\_\_\_\_\_  
Nom de la personne qui a                      Signature de la personne qui                      Date  
revu ce consentement                      a revu ce consentement

Cette étude a été revue et approuvée par le Comité d'Éthique de Recherche du [REDACTED] et le Comité d'Éthique de Recherche de [REDACTED]. Le Comité du [REDACTED] révisé toutes les études de recherche avec des participants humains qui se font au Centre hospitalier. [REDACTED] révisé toutes les études de recherche avec des participants humains qui se font ou qui sont affiliées à l'Université. Les buts des Comités sont d'assurer la préservation de la sécurité, la

Formulaire de consentement écrit (Patient & parent), Version 1, le 10 octobre 2018

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

dignité et la confidentialité des participants de l'étude. Le travail du Comité n'est pas de remplacer le jugement d'un parent ou d'un enfant quant à leurs décisions et leurs choix pour leur bien-être. Vous pouvez contacter le Comité d'Éthique du [REDACTED] pour de plus amples informations concernant les droits des patients dans les études de recherche au (613) 737-7600 (3272), cependant cette personne ne peut vous fournir de l'information qui est relié à votre santé en participant dans cette étude.

S'il vous plaît, veuillez contacter Rebecca Balasa [REDACTED] pour toutes questions reliées à cette étude.

**La participation des patients et des parents à l'évaluation clinique pédiatrique des étudiantes infirmières**

**Formulaire de consentement verbal et signatures  
(Patients et parents)**

**Équipe de recherche :**

**Rebecca Balasa, IA, BS.Inf., MS.Inf.(c)** Chercheuse principale du [REDACTED]  
Département de l'urgence, [REDACTED]

**Julie Chartrand, IA, PhD,** Chercheuse principale de [REDACTED]  
Professeure adjointe, École des sciences infirmières, Faculté des sciences de la santé, [REDACTED]

**Katherine A. Moreau, PhD,** Co-chercheuse;  
Professeure adjointe, Faculté d'éducation, [REDACTED]  
Chercheuses affiliée, Institut de recherche du [REDACTED]

**Kaylee Eady, PhD,** Co-chercheuse;  
Adjointe de recherche, Enseignements aux professionnels de la santé,  
Institut de recherche du [REDACTED]

Nous aimerons vous inviter à participer à une entrevue pour notre étude.

**En quoi consiste cette étude?**

Cette étude cherche à comprendre les perceptions des patients adolescents (âgés de 14-18 ans) et des parents (des enfants âgés de 0-13 ans) quant à leur rôle dans l'évaluation de la pratique clinique pédiatrique des étudiants en sciences infirmières (étudiantes infirmières) complétant un stage clinique au [REDACTED]. Cette étude est en cours parce que nous savons que les étudiantes infirmières ont plusieurs interactions avec les patients et les parents admis sur une unité de médecine ou de chirurgie au [REDACTED]. Nous savons aussi que le [REDACTED] est un centre hospitalier universitaire et que, conséquemment, les étudiantes infirmières sont des membres intégraux de l'équipe de soins de santé. Sachant que les patients et les parents fournissent de l'information importante concernant les soins de santé qui leur sont prodigués, nous voulons savoir comment vous êtes présentement impliqué(e) dans l'évaluation clinique des étudiantes infirmières et comment vous aimeriez être impliqué(e) dans l'évaluation clinique des étudiantes infirmières. Plus encore, nous cherchons à comprendre votre perception quant aux défis et aux avantages potentiels pour les étudiantes infirmières d'impliquer les patients et les parents dans leur évaluation clinique. Avec cette information, nous voulons mieux comprendre si les patients et les parents veulent participer à l'évaluation clinique des étudiantes infirmières et, si oui, comment ils veulent y participer.

**Que vais-je devoir faire?**

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

Si vous acceptez de participer à cette étude, vous participerez à une entrevue de 60 minutes soit par téléphone, par Skype ou en personne avec une assistante à la recherche (AR). Elle vous demandera de fournir de l'information personnelle et de l'expérience que vous avez vécu lorsque vous avez reçu des soins de santé d'étudiantes infirmières lors de votre admission sur une unité de médecine ou de chirurgie au [REDACTED]. L'entrevue sera enregistrée. L'AR vous posera des questions à propos de votre rôle, le cas échéant, dans l'évaluation clinique des étudiantes infirmières ainsi que vos perceptions des défis et des avantages potentiels de fournir de la rétroaction de ces évaluations. À n'importe quel moment pendant l'entrevue, vous pouvez passer une question si vous ne voulez pas y répondre.

**Qu'en est-il de la confidentialité et de la vie privée?**

La confidentialité sera respectée en tout temps. Toutes les données et le matériel relatifs à l'étude seront gardés dans un ordinateur protégé par un mot de passe et/ou dans un classeur verrouillé, situé dans un local verrouillé à l'Institut de recherche du [REDACTED]. Seule l'équipe de recherche aura accès aux données et au matériel relatifs à l'étude. Les citations tirées de votre entrevue pourraient être utilisées dans des publications ou des rapports; cependant, elles seront modifiées pour ne pas inclure de l'information qui pourrait vous identifier. Les enregistrements et les transcriptions d'entrevue seront détruits sept ans après la fin de l'étude.

Votre entrevue et les informations seront assignées à un numéro d'identification. Le lien entre votre nom, vos informations personnelles et votre numéro d'identification sera gardé de façon sécuritaire et séparément des données de l'étude dans un classeur verrouillé, situé dans un local verrouillé à l'Institut de recherche du [REDACTED]. Les entrevues enregistrées seront gardées dans un serveur sécurisé qui peut seulement être accédé en utilisant un ordinateur protégé par un mot de passe, situé dans un local verrouillé et accessible que par les chercheuses de l'étude. Les publications ou les présentations résultants de cette étude contiendront seulement votre numéro d'identification sans autre information qui pourrait vous identifier. L'information qui vous identifie sera seulement partagée s'il est requis par la Loi.

Une copie du formulaire de consentement signé vous sera fournie.

**Est-ce que ma participation est obligatoire?**

Votre participation à cette étude est volontaire. Si vous décidez de participer à cette étude et que vous changez d'avis, vous pouvez vous retirer de l'étude à tout moment. De plus, vous pouvez choisir de ne pas répondre à toutes les questions.

**Combien de personnes feront partie de cette étude?**

Nous estimons que 10 patients et 10 parents participeront à cette étude.

**Y-a-t-il des risques à participer à cette étude?**

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

Un risque potentiel de participer à cette étude est un sentiment d'inconfort face à certains sujets délicats ou personnels. Si vous vous sentez inconfortable, vous pouvez choisir de ne pas répondre à certaines questions.

**Y-a-t-il des avantages à participer à cette étude?**

Il n'y a pas des avantages directs pour les participants de l'étude. Cependant, cette étude aidera à élaborer des stratégies potentielles pour inclure les patients et les parents dans le processus de l'évaluation clinique des étudiantes infirmières complétant un stage clinique en pédiatrie.

***Merci de considérer participer cette étude!***

Aimeriez-vous recevoir les résultats de l'étude une fois complétée?

**Oui / Non**

Si oui, veuillez s'il vous plaît indiquer votre adresse courriel : \_\_\_\_\_

Ce formulaire sera utilisé si l'entrevue est menée par téléphone ou par Skype et que le participant ne peut pas ou préfère ne pas imprimer, scanner et renvoyer le formulaire de consentement signé. Toutes les informations de l'étude ainsi que le formulaire de consentement seront envoyés au participant et révisés par téléphone avec un membre de l'équipe de recherche.

Avant de débiter l'entrevue, j'aimerais confirmer les prochains détails :

- Vous comprenez que nous vous demandons de participer à une recherche portant sur les perceptions des patients et des parents quant à leur rôle dans l'évaluation clinique pédiatrique des étudiantes infirmières.
- Vous avez lu, ou j'ai lu pour vous, chaque page de ce formulaire de consentement.
- Vos questions ont été répondues à votre satisfaction.
- Si vous décidez plus tard de vous voulez vous retirer de l'étude, vous pouvez le faire à n'importe quel moment.
- Votre participation à cette étude est volontaire.
- Nous vous fournissons une copie de ce formulaire de consentement signé.

Est-ce que nous avons votre permission d'enregistrer cette entrevue? **Oui / Non**

Initiale de la chercheuse ou du délégué \_\_\_\_\_

\_\_\_\_\_  
Nom du participant

\_\_\_\_\_  
Date

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

**Déclaration de la chercheuse ou du délégué**

J'ai clairement expliqué l'étude au participant. Au mieux de mes connaissances, le participant comprend le but, les risques et les avantages de cette étude. Ainsi, j'ai fourni au participant l'opportunité de demander et de poser toutes les questions qu'il aurait. Le participant m'a fourni son consentement verbal pour sa participation volontaire à cette étude.

\_\_\_\_\_  
Nom de la chercheuse/le délégué

\_\_\_\_\_  
Signature de la chercheuse/le délégué

\_\_\_\_\_  
Date

Cette étude a été revue et approuvée par le Comité d'Éthique de Recherche du [REDACTED] et le Comité d'Éthique de Recherche de [REDACTED]. Le Comité du [REDACTED] révisé toutes les études de recherche avec des participants humains qui se font au Centre hospitalier [REDACTED]. [REDACTED] révisé toutes les études de recherche avec des participants humains qui se font ou qui sont affiliées à l'Université. Les buts des Comités sont d'assurer la préservation de la sécurité, la dignité et la confidentialité des participants de l'étude. Le travail du Comité n'est pas de remplacer le jugement d'un parent ou d'un enfant quant à leurs décisions et leurs choix pour leur bien-être. Vous pouvez contacter le Comité d'Éthique du [REDACTED] pour de plus amples informations concernant les droits des patients dans les études de recherche au (613) 737-7600 (3272), cependant cette personne ne peut vous fournir de l'information qui est relié à votre santé en participant dans cette étude.

S'il vous plaît, veuillez contacter Rebecca Balasa [REDACTED] pour toutes questions reliées à cette étude.

## APPENDIX F: STRATEGY 2 – PATIENT AND PARENT INFORMATION LETTER



### **Information Letter**

**Protocol Title:** Patients' and parents' involvement in the assessment of nursing students' pediatric clinical practice

We would like to invite you to participate in our study. Before agreeing to take part in this study, it is important that you read and understand this document.

#### **What is this study about?**

This study is about adolescent patients' (aged 14-18) and parents' (of children aged 0-13) perceptions of their role in the assessment of nursing students' completing a clinical placement at [REDACTED]. You are being invited to join this research study because you are currently admitted to a medical or surgical unit at [REDACTED] and you have received nursing care from a nursing student during this admission.

#### **Why is this study being done?**

This study is being done because we know that nursing students have frequent interactions with patients and their parents who are admitted to a medical or surgical inpatient unit at [REDACTED]. We also know that because [REDACTED] is a teaching hospital, nursing students are integral members of the healthcare team. Because patients and parents provide valuable information on the care that they receive, we want to know how you're currently involved in assessing nursing students' clinical practice as well as how you would like to be involved in the assessment of nursing students' clinical practice. Furthermore, we would like to know what you perceive as being the potential benefits and challenges for nursing students of involving patients and parents in their assessment. With this information, we hope to better understand if patients and parents would like to be involved in the assessment of nursing students and if so, how they would like to be involved.

#### **How many people will participate?**

We expect to have 10 patients and 10 parents participate.

#### **What will I have to do?**

If you decide to participate in this study, you will participate in a 60-minute telephone, Skype or in-person interview with the Research Assistant (RA). She will ask you to provide some information about yourself and your experiences when receiving care from nursing students during your admission to a medical or surgical unit at [REDACTED]. The interview will be audio-recorded. The RA will ask you questions about your role, if any, in the assessment of nursing students' skills as well as what you think the benefits and challenges are to providing feedback on these assessments. At any time during the interview, you may skip any questions if you do not want to answer them.

#### **Do I have to do this?**

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

Your participation in this study is voluntary. If you decide to participate in this study but change your mind at any time, you are free to withdraw. Also, if you decide to participate, you do not have to answer any questions that you do not want to.

**Are there any risks to participating?**

A potential risk of participating in this study may result in you feeling uncomfortable if a question touches upon a sensitive or personal topic. If you feel uncomfortable, you may choose not to answer a question.

**Are there any benefits to participating?**

There are no direct benefits to the participants of this study, however, this study will help to inform future potential strategies for involving patients and parents in the assessment process of nursing students' during their pediatric clinical placement.

**Will I be paid to participate?**

No compensation will be provided for your participation in this study.

**Can I withdraw?**

You can withdraw from this study at any time without any consequences to the care that you receive at [REDACTED]. If you wish to withdraw, please discuss this with the PI. If you withdraw your consent, the PI will no longer collect any information and she will not use any already disclosed information.

**Will I be told about new information?**

Results will be published in scientific journals and will be presented at conferences. Results may also serve as educational material in relevant courses. In all cases, you will not be identified. If you would like to review the results of the study upon its completion, please contact the investigators.

**What about confidentiality and privacy?**

Confidentiality will be respected at all times. All data and study materials will be stored on a password-protected computer and/or in a locked filing cabinet in a locked research office at the [REDACTED] Research Institute. Only the study team and the Research Assistant will have access to the data and materials. Quotes from your interview may be used in publications or reports; however, they will be modified so as not to contain any identifying information. Audio recordings and interview transcriptions will be destroyed 7 years after the study closure.

Your interview information will be assigned an ID number. The link between your name, your contact information, and the ID number will be stored securely and separately from your study records in a locked filing cabinet, in a locked office at the [REDACTED] Research Institute. The recorded interviews will be kept on a secure server accessed through a password-protected

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

computer that is kept in a locked room with access restricted to the investigators. Publications or presentations resulting from this study will only contain your ID number and no other identifying information. Information that identifies you will only be released if it is required by law.

A copy of the signed consent form will be provided to you.

### **What if I have questions?**

You may contact Rebecca Balasa at [REDACTED] or Julie Chartrand at [REDACTED] with any questions related to the study.

*This study has been reviewed and approved by the [REDACTED] Research Ethics Board and the [REDACTED] Research Ethics Board.*

Thank you for your time and consideration!

Sincerely,

**Rebecca Balasa RN BSN MSN (c)**  
Principal [REDACTED] Site Investigator;  
Emergency Department  
[REDACTED]

**Julie Chartrand RN PhD**  
Principal [REDACTED] Site  
Investigator; Assistant Professor, School  
of Nursing, Faculty of Health Sciences,  
[REDACTED]  
Affiliate Investigator [REDACTED]  
[REDACTED]

**Katherine A. Moreau PhD**  
Co-Investigator, Assistant Professor,  
Faculty of Education, [REDACTED]  
Affiliate Investigator, [REDACTED]  
[REDACTED]

**Kaylee Eady PhD**  
Co-Investigator, Research Associate,  
Health Professions Education,  
[REDACTED]  
Research Institute  
[REDACTED]

### **Lettre d'information**

**Titre du protocole :** La participation des patients et des parents à l'évaluation clinique pédiatrique des étudiants infirmiers.

Nous aimerions vous inviter à participer à notre étude. Avant d'accepter de participer à cette étude, il est important que vous lisiez et compreniez ce document.

#### **En quoi consiste cette étude?**

Cette étude cherche à comprendre les perceptions des patients adolescents (âgés de 14 à 18 ans) et des parents (d'enfants âgés de 0 à 13 ans) quant à leur rôle dans l'évaluation de la pratique clinique pédiatrique des étudiants en sciences infirmières (étudiantes infirmières) complétant un stage clinique au [REDACTED]. Nous vous invitons à participer à cette étude parce que vous êtes présentement admis sur une unité de médecine ou de chirurgie au [REDACTED] et vous avez reçu des soins de santé d'un étudiant infirmier pendant la présente admission.

#### **Pourquoi cette étude a-t-elle lieu?**

Cette étude a lieu parce que nous savons que les étudiantes infirmières ont plusieurs interactions avec les patients et les parents de patients qui sont admis sur une unité de médecine et de chirurgie au [REDACTED]. Nous savons aussi que le [REDACTED] est un centre hospitalier universitaire et que, conséquemment, les étudiantes infirmières sont des membres intégraux de l'équipe de soins de santé. Sachant que les patients et les parents fournissent de l'information importante quant aux soins de santé qui leur sont prodigués, nous voulons savoir comment vous êtes présentement impliqués dans l'évaluation clinique des étudiantes infirmières et comment vous aimeriez être impliqués dans l'évaluation clinique des étudiantes infirmières. Plus encore, nous cherchons à comprendre votre perception des défis et des avantages potentiels pour les étudiants infirmiers d'inclure les patients et les parents dans leur évaluation clinique. Avec cette information, nous voulons mieux comprendre si les patients et les parents veulent participer dans l'évaluation clinique des étudiants infirmiers et, si oui, comment ils veulent être impliqués.

#### **Combien de personnes feront partie de cette étude?**

Nous estimons que 10 patients et 10 parents participeront à cette étude.

#### **Que vais-je devoir faire?**

Si vous acceptez de participer à cette étude, vous participerez à une entrevue de 60 minutes soit par téléphone, par Skype ou en personne avec une assistante à la recherche (AR). Elle vous demandera de fournir de l'information personnelle et de vos expériences quand vous avez reçu des soins de santé de la part d'étudiantes infirmières lorsque vous étiez admis sur une unité de médecine ou de chirurgie au [REDACTED]. L'entrevue sera enregistrée. L'AR vous posera des questions à propos de votre rôle, le cas échéant, dans l'évaluation clinique des étudiants infirmiers ainsi que vos perceptions des défis et des avantages potentiels de fournir de la rétroaction de ces évaluations. À n'importe quel moment pendant l'entrevue, vous pouvez passer une question si vous ne voulez pas y répondre.

#### **Est-ce que ma participation est obligatoire?**

Lettre d'information (Patient & parent) – Stratégie 2, Version 1, le 10 octobre 2018

Votre participation à cette étude est volontaire. Si vous décidez de participer à cette étude et que vous changez d'avis, vous pouvez vous retirer de l'étude à tout moment. De plus, vous pouvez choisir de ne pas répondre à toutes les questions.

**Y-a-t-il des risques à participer à cette étude?**

Un risque potentiel de participer à cette étude est un sentiment d'inconfort face à certains sujets délicats ou personnels. Si vous vous sentez inconfortable, vous pouvez choisir de ne pas répondre à certaines questions.

**Y-a-t-il des avantages à participer à cette étude?**

Il n'y a pas des avantages directs pour les participants de l'étude. Cependant, cette étude aidera à élaborer des stratégies potentielles pour inclure les patients et les parents dans le processus de l'évaluation clinique des étudiantes infirmières complétant un stage clinique en pédiatrie.

**Est-ce que je serai compensé(e) pour ma participation?**

Aucun remboursement sera offert pour votre participation à cette étude.

**Est-ce que je peux me retirer de cette étude?**

Vous pouvez vous retirer de cette étude à tout moment sans qu'il n'y ait un impact aux soins que vous recevez au [REDACTED]. Si vous souhaitez vous retirer de l'étude, veuillez en discuter avec la chercheuse principale. Si vous retirez votre consentement, la chercheuse principale ne collectera plus votre information et elle n'utilisera pas votre information déjà fournie.

**Est-ce que je serai informé(e) de nouvelles informations?**

Les résultats seront publiés dans des journaux scientifiques et seront présentés aux conférences. Les résultats peuvent aussi être utilisés comme matériel éducationnel dans des cours pertinents. Dans ce tels cas, vous ne seriez pas identifié(e). Si vous souhaitez consulter les résultats de l'étude lorsqu'elle sera complétée, veuillez contacter un membre de l'équipe de recherche.

**Qu'en est-il de la confidentialité et de la vie privée?**

La confidentialité sera respectée en tout temps. Toutes les données et le matériel relatifs à l'étude seront gardés dans un ordinateur protégé par un mot de passe et/ou dans un classeur verrouillé, situé dans un local verrouillé à l'Institut de recherche du [REDACTED]. Seule l'équipe de recherche aura accès aux données et au matériel relatifs à l'étude. Les citations tirées de votre entrevue pourraient être utilisées dans des publications ou des rapports; cependant, elles seront modifiées pour ne pas inclure de l'information qui pourrait vous identifier. Les enregistrements et les transcriptions d'entrevue seront détruits sept ans après la fin de l'étude.

Votre entrevue et les informations seront assignées à un numéro d'identification. Le lien entre votre nom, vos informations personnelles et votre numéro d'identification sera gardé de façon sécuritaire et séparément des données de l'étude dans un classeur verrouillé, situé dans un local verrouillé à l'Institut de recherche du [REDACTED]. Les entrevues enregistrées seront gardées dans un serveur sécurisé qui peut seulement être accédé en utilisant un ordinateur protégé par un mot de passe, situé dans un local verrouillé et accessible que par les chercheuses de l'étude. Les publications ou les présentations résultants de cette étude contiendront seulement votre numéro

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

d'identification sans autre information qui pourrait vous identifier. L'information qui vous identifie sera seulement partagée s'il est requis par la Loi.

Une copie du formulaire de consentement signé vous sera fournie.

**À qui puis-je poser mes questions?**

N'hésitez pas à communiquer avec Rebecca Balasa [REDACTED] ou Julie Chartrand [REDACTED] pour toute question reliée à cette étude.

*Cette étude a été approuvée par le Comité d'éthique de la recherche de [REDACTED] le Comité d'éthique de la recherche de [REDACTED]*

Nous vous remercions de votre temps et de votre considération!

Sincèrement,

**Rebecca Balasa IA BS.Inf., MS.Inf. (c)**

Chercheuse principale de [REDACTED]; Maîtrise en sciences infirmières (étudiante), École des sciences infirmières, Faculté des sciences de la santé [REDACTED]

**Julie Chartrand IA PhD**

Chercheuse principale de [REDACTED] professeure adjointe, École des sciences infirmières, [REDACTED], chercheuse affiliée [REDACTED]

**Katherine A. Moreau PhD**

Co-chercheuse ; professeure adjointe, Faculté de l'éducation, [REDACTED] chercheuse affiliée, Institut de recherche du [REDACTED]

**Kaylee Eady PhD**

Co-chercheuse ; adjointe de recherche, Enseignements aux professionnels de la santé, [REDACTED]

**APPENDIX G: STRATEGY 1 – PATIENT DEMOGRAPHIC SURVEY****Participant #:****Date:****Interviewer:****Time:****Location:****Demographic Survey****(Patient)**

Thank you for participating in this interview on patients' and parents' perceptions of their role in the assessment of nursing students' clinical practice. Please complete the following demographic questions which will be used to identify the personal characteristics of the participants of this study.

1. How old are you?  
\_\_\_\_\_ years old

2. How many admissions have you had at [REDACTED] since completing the initial survey while in hospital? \_\_\_\_\_

# du participant :

Date :

Intervieweur :

Heure :

Lieu :

**Questionnaire démographique**

**(Patient)**

Merci d'avoir accepté de participer à cette entrevue portant sur les perceptions des patients et des parents quant à leur rôle dans l'évaluation de la pratique clinique des étudiantes infirmières complétant un stage clinique en pédiatrie. S'il-vous-plait, veuillez compléter ce questionnaire démographique qui nous aidera à identifier les caractéristiques individuelles des participants de cette étude.

1. Quel âge avez-vous?

\_\_\_\_\_ ans

2. Combien de fois avez-vous été admis au [REDACTED] depuis l'admission lorsque vous avez complété le questionnaire initial pour cette étude? \_\_\_\_\_

**APPENDIX H: STRATEGY 1 – PARENT DEMOGRAPHIC SURVEY****Participant #:****Date:****Interviewer:****Time:****Location:****Demographic Survey****(Parent)**

Thank you for participating in this interview on patients' and parents' perceptions of their role in the assessment of nursing students' clinical practice. Please complete the following demographic questions which will be used to identify the personal characteristics of the participants of this study.

1. How old is your child who was admitted to [REDACTED] when you completed the initial survey for this study? \_\_\_\_\_ years / months / days old
  
2. How many admissions has your child had at [REDACTED] since completing the initial survey while in hospital? \_\_\_\_\_

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

# du participant :

Date :

Intervieweur :

Heure :

Lieu :

**Questionnaire démographique****(Parent)**

Merci d'avoir accepté de participer à cette entrevue portant sur les perceptions des patients et des parents quant à leur rôle dans l'évaluation de la pratique clinique des étudiantes infirmières complétant un stage clinique en pédiatrie. S'il-vous-plaît, veuillez compléter ce questionnaire démographique qui nous aidera à identifier les caractéristiques individuelles des participants de cette étude.

1. Quel âge a votre enfant (l'âge qu'a présentement l'enfant qui a été admis au [REDACTED] quand vous avez complété le questionnaire initial pour cette étude) ? \_\_\_\_\_ ans/mois/jours
  
2. Combien de fois votre enfant a-t-il été admis au [REDACTED] depuis l'admission où vous avez complété le questionnaire initial pour cette étude? \_\_\_\_\_

**APPENDIX I: STRATEGY 2 – PATIENT DEMOGRAPHIC SURVEY****Participant #:****Date:****Interviewer:****Time:****Location:****Demographic Survey****(Patient)**

Thank you for participating in this interview on patients' and parents' perceptions of their role in the assessment of nursing students' clinical practice. Please complete the following demographic questions which will be used to identify the personal characteristics of the participants of this study.

1. How old are you?

\_\_\_\_\_ years old

2. How many admissions have you had at [REDACTED] since the beginning of this calendar year (January 2018)? \_\_\_\_\_

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

# du participant :

Date :

Intervieweur :

Heure :

Lieu :

**Questionnaire démographique****(Patient)**

Merci d'avoir accepté de participer à cette entrevue portant sur les perceptions des patients et des parents quant à leur rôle dans l'évaluation de la pratique clinique des étudiantes infirmières complétant un stage clinique en pédiatrie. S'il-vous-plaît, veuillez compléter ce questionnaire démographique qui nous aidera à identifier les caractéristiques individuelles des participants de cette étude.

1. Quel âge avez-vous?

\_\_\_\_\_ ans

2. Combien de fois avez-vous été admis au [REDACTED] depuis le début de l'année (janvier 2018)?

\_\_\_\_\_

**APPENDIX J: STRATEGY 2 – PARENT DEMOGRAPHIC SURVEY****Participant #:****Date:****Interviewer:****Time:****Location:****Demographic Survey****(Parent)**

Thank you for participating in this interview on patients' and parents' perceptions of their role in the assessment of nursing students' clinical practice. Please complete the following demographic questions which will be used to identify the personal characteristics of the participants of this study.

1. How old is your child who is currently admitted on a medical or surgical unit at [REDACTED]  
\_\_\_\_\_ years / months / days old
  
2. How many admissions has your child had at [REDACTED] since the beginning of this calendar year (January 2018)? \_\_\_\_\_

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

# du participant :

Date :

Intervieweur :

Heure :

Lieu :

**Questionnaire démographique****(Parent)**

Merci d'avoir accepté de participer à cette entrevue portant sur les perceptions des patients et des parents quant à leur rôle dans l'évaluation de la pratique clinique des étudiantes infirmières complétant un stage clinique en pédiatrie. S'il-vous-plaît, veuillez compléter ce questionnaire démographique qui nous aidera à identifier les caractéristiques individuelles des participants de cette étude.

1. Quel âge a votre enfant présentement admis sur une unité de médecine ou de chirurgie au [REDACTED]  
\_\_\_\_\_ ans/mois/jours

2. Combien de fois votre enfant a-t-il été admis au [REDACTED] depuis le début de l'année (janvier 2018) ?  
\_\_\_\_\_

**APPENDIX K: RESEARCH ETHICS BOARD APPROVALS****Julie Chartrand**

Sunday, October 15, 2017 at 9:41:07 PM Eastern Daylight Time

**Objet:** FW: REB Protocol No 17/163X: Final Approval - Delegated Review (Phase I)  
**Date:** lundi 25 septembre 2017 à 09:40:01 heure avancée de l'Est  
**De:** Eady, Kaylee  
**À:** Julie Chartrand  
**Cc:** Katherine Moreau  
**Pièces jointes:** image001.jpg

Bonjour Julie,

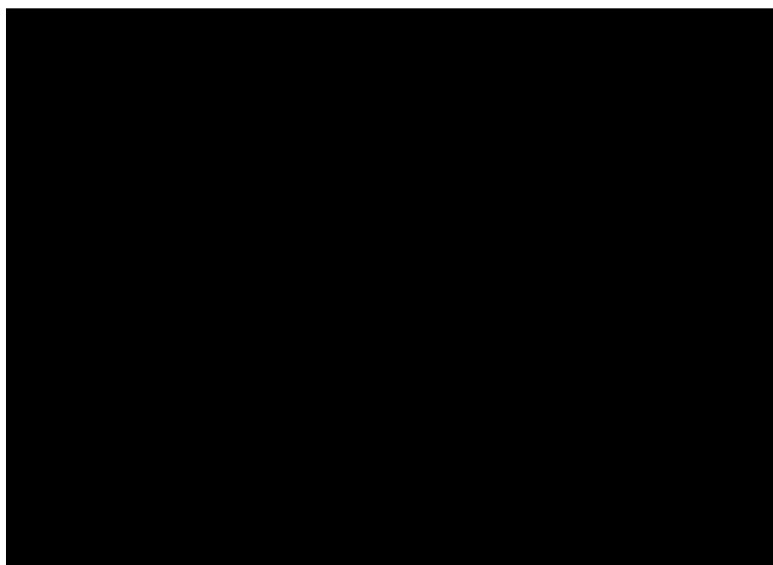
We have received REB approval from [REDACTED] for Phase 1. Below is the approval for the English materials. I will also forward you the approval for the French materials.

I will put together a submission package for [REDACTED] REB this week.

The Data Sharing Agreement between [REDACTED] (contract #2017 - 217) is still in the works. I will let you know as soon as I hear from the contracts office with an update.

Cheers,

Kaylee



[REDACTED] **Research Ethics Board**  
**Approval - Delegated Review**

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

**Principal Investigator:** Dr. Kaylee Eady

**REB Protocol No:** 17/163X

**Romeo File No:** 20170471

**Project Title:** [REDACTED] #17/163X - Patients' and parents' involvement in the assessment of nursing students' pediatric clinical practice

**Primary Affiliation:** Other\Other

**Protocol Status:** Active

**Approval Date\*:** September 22, 2017

**Valid Until\*\*:** September 15, 2018

**Annual Renewal Submission Deadline:** 15 August 2018

**\*\* This approval is for Phase I only\*\***

**Documents Reviewed & Approved:**

Document Name	Comments	Version Date
Protocol	Proposal	2017/08/31
Recruitment Materials	Parent Information Letter - English	2017/08/31
Recruitment Materials	Patient Information Letter - English	2017/08/31
Recruitment Materials	Clinical Teacher Information Letter - English	2017/08/31
Recruitment Materials	Nursing Student Information Letter - English	2017/08/31
Questionnaire/Survey	Parent Survey - English	2017/08/31
Questionnaire/Survey	Patient Survey - English	2017/08/31
Questionnaire/Survey	Clinical Teacher Survey - English	2017/08/31
Questionnaire/Survey	Nursing Student Survey - English	2017/08/31

This is to notify you that the [REDACTED] Research Ethics Board has granted approval to the above named research study on the date noted above. Your project was reviewed under the delegated review stream, which is reserved for projects that involve no more than minimal risk to human subjects.

Final approval is granted for the above noted study, with the understanding that the investigator agrees to comply with the following requirements:

1. The investigator must conduct the study in compliance with the protocol and any additional conditions set out by the Board.
2. The investigator is responsible for complying with all applicable guidelines and regulations regarding human research ethics conduct, as applicable to the research project.
3. Approval for studies that include an investigational device(s) is contingent upon the investigator securing an Investigational Testing Authorization notice from Health Canada.
4. Investigators must submit an annual renewal report to the REB 30 days prior to the expiration date stated above.
5. The investigator must not implement any deviation from, or changes to, the protocol, consents or assents without the approval of the REB.
6. The investigator must, prior to use, submit to the Board changes to the study documentation, e.g., changes to the informed consent letters, recruitment materials.
7. Investigators must provide the Board with French versions of the consent form, unless a waiver has been granted. An interpreter should be offered to participants as required or at the request of the participant

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

throughout the course of research.

8. The investigator must promptly report to the REB all unexpected and untoward occurrences (including the loss or theft of study data and other such privacy breaches).
9. Investigators must notify the REB of any study closures (closed to accrual, temporary, premature or permanent).
10. Investigators must submit a final report at the conclusion of the study.

Should you have any questions or concerns, please do not hesitate to contact the Research Ethics Board Office at 613-737-7600 ext. 3350 or 2128.

Regards,



Chair, Research Ethics Board  
Président, Comité d'éthique de la recherche

\* The final approval date for initial delegated study applications approved with or without modifications will be the date the REB has determined that the conditions of approval have been satisfied.

\*\* The expiry date of REB approval for initial study applications with or without modifications will be as follows:

- If the date of review and approval was on or before the 15th of the month, the expiry date will be the 15th of the month prior to the date of review and approval by the Chair and/or delegate *in the following year*;
- If the date of review and approval was after the 15th the expiry date will be the 15th of the month in which the date of review and approval by the REB *in the following year*.

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

**Julie Chartrand**

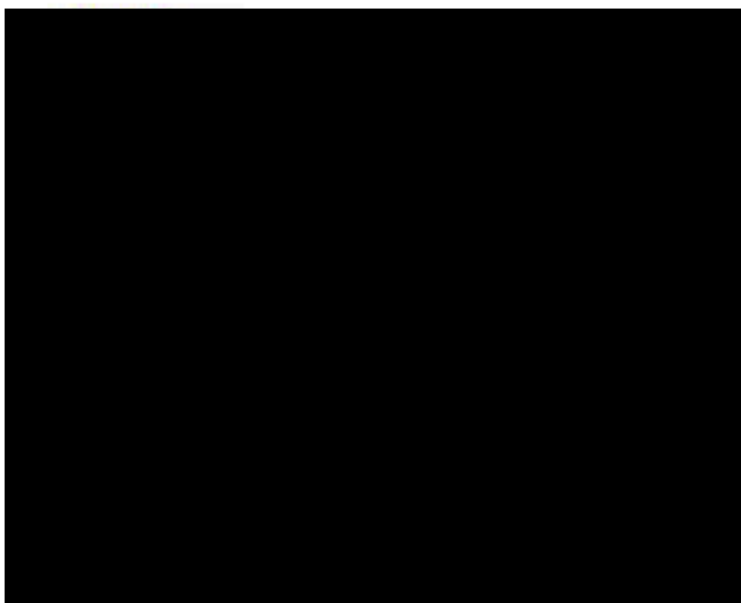
Saturday, January 27, 2018 at 9:45:28 PM Eastern Standard Time

**Objet:** FW: REB Protocol No: 17/163X - Translated Documents Approval  
**Date:** lundi 25 septembre 2017 à 09:40:55 heure avancée de l'Est  
**De:** Eady, Kaylee  
**À:** Julie Chartrand [REDACTED]  
**Cc:** Katherine Moreau [REDACTED]  
**Pièces jointes:** image001.jpg

Below is the [REDACTED] REB approval for the French materials.

Cheers,

Kaylee



[REDACTED] **Research Ethics Board**  
**Approval - Translated Documents**

**Principal Investigator:** Dr. Kaylee Eady  
**REB Protocol No:** 17/163X  
**Romeo File No:** 20170471  
**Project Title:** [REDACTED] REB#17/163X - Patients' and parents' involvement in the assessment of nursing students' pediatric clinical practice

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

**Primary Affiliation:** Other\Other

**Date Documents Approved:** 22 September 2017\_

The [REDACTED] Research Ethics Board has approved the following document(s) for the above-mentioned study; there is no objection to the implementation/use of these documents.

**Documents Reviewed & Approved:**

Document Name	Comments	Version Date
Questionnaire/Survey	Clinical Teacher Survey - French	2017/08/31
Questionnaire/Survey	Parent Survey - French	2017/08/31
Questionnaire/Survey	Patient Survey - French	2017/08/31
Questionnaire/Survey	Nursing Student Survey - French	2017/08/31
Recruitment Materials	Patient Information Letter - French	2017/08/31
Recruitment Materials	Parent Information Letter - French	2017/08/31
Recruitment Materials	Clinical Teacher Information Letter - French	2017/08/31
Recruitment Materials	Nursing Student Information Letter - French	2017/08/31
Recruitment Materials	Clinical Teacher Invitation Email Message	2017/08/31
Recruitment Materials	Nursing Student Invitation Email Message	2017/08/31

If you have any questions, pertaining to this letter, please contact the Research Ethics Board Office at (613) 737-7600, ext. 3350 or 2128.

Regards,



Chair, Research Ethics Board  
Président, Comité d'éthique de la recherche

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

File Number: H10-17-01



Date (mm/dd/yyyy): 10/12/2017



**Ethics Approval Notice**  
**Health Sciences and Science REB**

**Principal Investigator / Supervisor / Co-investigator(s) / Student(s)**

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Kaylee	Eady	Education / Education	Principal Investigator
Julie	Chartrand	Health Sciences / Nursing	Co-investigator
Katherine	Moreau	Education / Education	Co-investigator

File Number: H10-17-01

Type of Project: Professor

Title: Patients' and parents' involvement in the assessment of nursing students' pediatric clinical practice

<u>Approval Date (mm/dd/yyyy)</u>	<u>Expiry Date (mm/dd/yyyy)</u>	<u>Approval Type</u>
10/12/2017	09/15/2018	Approval

Special Conditions / Comments:  
 N/A

## PATIENTS' AND PARENTS' ROLE IN THE ASSESSMENT OF NURSING STUDENTS

File Number: H10-17-01



Date (mm/dd/yyyy): 10/12/2017

[REDACTED]

This is to confirm that the [REDACTED] Research Ethics Board identified above, which operates in accordance with the Tri-Council Policy Statement (2010) and other applicable laws and regulations in Ontario, has examined and approved the ethics application for the above named research project. Ethics approval is valid for the period indicated above and subject to the conditions listed in the section entitled "Special Conditions / Comments".

During the course of the project, the protocol may not be modified without prior written approval from the REB except when necessary to remove participants from immediate endangerment or when the modification(s) pertain to only administrative or logistical components of the project (e.g., change of telephone number). Investigators must also promptly alert the REB of any changes which increase the risk to participant(s), any changes which considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project and safety of the participant(s). Modifications to the project, including consent and recruitment documentation, should be submitted to the Ethics Office for approval using the "Modification to research project" form available at: <https://research.uottawa.ca/ethics/forms>.

Please submit an annual report to the Ethics Office four weeks before the above-referenced expiry date to request a renewal of this ethics approval. To close the file, a final report must be submitted. These documents can be found at: <https://research.uottawa.ca/ethics/forms>.

If you have any questions, please do not hesitate to contact the Ethics Office at extension 5387 or by e-mail at: [ethics@uOttawa.ca](mailto:ethics@uOttawa.ca).

Signature:

[REDACTED]

Protocol Officer for Ethics in Research  
For Daniel Lagarec, Chair of the Health Sciences and Sciences REB

**APPENDIX L: CONCEPTUAL FRAMEWORK - THE BENEFITS AND CHALLENGES  
OF PATIENT INVOLVEMENT IN THE ASSESSMENT OF NURSING STUDENTS'  
PEDIATRIC CLINICAL PRACTICE**

**FAMILY-CENTERED CARE (FCC)**

