

Title: Patients' and parents' perspectives of and experiences with assessing nursing students' pediatric clinical practice

Abstract

Purpose: To explore patients' and parents' involvement in the formative assessment of undergraduate nursing students' pediatric clinical practice.

Methods: We conducted semi-structured interviews with pediatric patients between 14 to 18 years of age and parents who received care from a nursing student while admitted to a pediatric tertiary care hospital in Canada. We analyzed the data using qualitative content analysis as well as Lincoln and Guba's criteria for establishing trustworthiness. The Consolidated criteria for reporting qualitative studies (COREQ) checklist was completed for the quality appraisal of this article.

Findings: Three categories emerged from the data: 1) How patients and parents are currently involved in the formative assessment of nursing students' pediatric clinical practice; 2) How patients and parents would prefer to be involved in the formative assessment of nursing students' pediatric clinical practice; and 3) The potential benefits and challenges of involving patients and parents in the formative assessment of nursing students' pediatric clinical practice.

Conclusion: This study provided an understanding of patients' and parents' past encounters with nursing students and the elements of care that they have assessed as well as those that they would prefer to assess and provide feedback on, while considering the potential benefits and challenges of their involvement. The findings of this study will assist clinical instructors in determining how and when to involve patients and parents in the assessment of nursing students. Academic institutions offering nursing programs should consider the study findings when improving or changing formative assessment strategies.

Key words: Patient involvement, healthcare education, nursing students, formative assessment, pediatric

1. Introduction

Facilitating students' learning through assessment is essential in clinical practice education (Archer, 2010). As such, there has been a shift from summative assessments, for which the student's overall competence, clinical practice, and qualifications are judged, to continuous and frequent formative assessments, which recognize a student's progress within a clinical setting to enhance their learning as they progress (Bell & Cowie, 2001; Epstein, 2007; Rauf, Shamim, Aly, Chundrigar, & Alam, 2014). Patients' and parents' involvement in providing formative assessment feedback on the clinical practice of healthcare providers can be beneficial for all stakeholders (Casey & Clark, 2014; Suikkala, Koskinen, & Leino-Kilpi, 2018). For, it provides an understanding of patients' and parents' healthcare experiences, needs, and preferences, while also contributing to shaping healthcare provision (Casey & Clark, 2014). Benefits of such feedback for healthcare providers include improved communication skills, clinical reasoning, as well as the required knowledge to provide individualized patient care (Towle et al., 2010; Towle et al., 2016). While recent studies have explored the assessment tools that exist for pediatric patients' parents to assess their child's physician, as well as medical resident's non-technical skills that parents would feel confident assessing (Moreau et al., 2016; Moreau, Pound, & Eady, 2015), such information as it relates to nursing practice is scarce. Patients' and parents' involvement in nursing students' clinical education and in the assessment of their clinical practice, although effective and helpful in their education, is passive and limited to ad hoc assessments (Casey & Clark, 2014; Suikkala et al., 2018). As such, a need exists to explore pediatric patients' and parents' involvement in the

formative assessment of nursing students' clinical practice, and thus, to understand the associated benefits and challenges (Casey & Clark, 2014).

Adult psychiatric patients who have provided assessments of their nursing students' clinical practice reported that doing so helped them to feel recognized, valued, and heard (Debyser, Grypdonck, Defloor, & Verhaeghe, 2011). Involving patients in nursing students' clinical education can also empower patients by providing them with an opportunity to influence the clinical practice of future nurses (Suikkala et al., 2018). In this way, patients' and parents' formative assessment of nursing students is valuable to develop a thorough student assessment portfolio which is based on their learning outcomes (i.e. to become a self-directed learner, effective communicator, critical thinker, evolving professional, and knowledge worker) (Bourbonnais, Langford, & Giannantonio, 2008; Casey & Clark, 2014). Patients' and parents' assessment of nursing students in an academic setting can influence the content of nursing education programs as their feedback contributes to informing assessment strategies (Coleman & Murray, 2002; Forrest, Risk, Masters, & Brown, 2000). Furthermore, patients' and parents' unique insights of their encounters with nursing students provide the opportunity for students to reflect on their clinical practice while accounting for the lived experiences of the recipients of their care (Casey & Clark, 2014). This self-awareness and reflective practice are congruent with the College of Nurses of Ontario's (CNO) standards for nursing students to learn from their clinical practice (CNO, 2014).

There are, however, also challenges associated with involving patients and parents in nursing students' clinical practice assessments, including power imbalances within the therapeutic relationship, concerns over the quality of the assessments, and tokenistic patient involvement in assessment activities (Casey & Clark, 2014; Haycock-Stuart, Donaghy, & Darbyshire, 2016;

Suikkala et al., 2018). The shared concern that patients provide unhelpful assessments of nursing students' clinical practice is based on the perception that they lack expertise in assessing the components of care within the scope of nursing (Forrest et al., 2000). Nevertheless, Haycock-Stuart et al. (2016) examined the views and perceptions of nursing lecturers and nursing students of the Nursing Midwifery Council's (NMC) Standard that requires nursing program providers to clearly outline how patients and parents contributed to students' clinical practice assessments. This study found that nursing students and lecturers deemed patients and parents as equipped to assess and provide feedback on students' nontechnical skills, but not on their technical skills (Haycock-Stuart et al., 2016). Examining patients' perspectives, Speers (2008) conducted a study to investigate patients' views of patient involvement in the assessment of nursing students' clinical practice in a mental health care context. From this study emerged the need to protect nursing students from unfair or biased patient assessments (Speers, 2008). This approach was also supported by Haycock-Stuart et al. (2016) who stipulated that patients and parents might provide more critical assessments of nursing students' clinical practice when they are dissatisfied with their overall healthcare experience, which could be demoralizing for students. Given these challenges and concerns, as well as the supporting evidence that involving patients and parents can lead to positive outcomes for those involved in the assessment process, a deeper understanding of these challenges and how these can be mitigated is required.

1.1 Purpose

There is a paucity of empirical knowledge on how patients and parents are currently involved, how they would prefer to be involved, as well as the benefits and challenges of their involvement in the assessment of nursing students' clinical practice (Casey & Clark, 2014; Suikkala et al., 2018) and an absence of such knowledge in a pediatric nursing context. Only two

studies have explored parent involvement in pediatric nursing education, specifically as it pertains to their involvement in pediatric nursing classroom teaching (Price, 2004; Rhodes, 2013). Studies have not yet been conducted to explore patients' or parents' involvement in the formative assessment of nursing students' pediatric clinical practice. As such, the purpose of this study was to explore patients' and parents' perceptions of their role in the formative assessment of undergraduate nursing students' pediatric clinical practice. To do so, this study answered the following research questions: 1) How are patients and parents currently involved in the formative assessment of nursing students' pediatric clinical practice? 2) How would patients and parents prefer to be involved in the formative assessment of nursing students' pediatric clinical practice? and 3) What are the potential benefits and challenges of involving patients and parents in the formative assessment of nursing students' pediatric clinical practice?

2. Methods

2.1 Research Design: We employed a qualitative description study design (Sandelowski, 2000). This design allowed us to obtain a descriptive account of participants' experiences with and perceptions of their role in the assessment of undergraduate nursing students' pediatric clinical practice (Sandelowski, 2000).

2.2 Setting: We conducted this study on three inpatient medical and surgical units at a pediatric tertiary care teaching hospital in Ontario, Canada. On these units, there are approximately 20 patient beds for patients between 0 days and 18 years old.

2.3 Sampling and recruitment: We employed a typical case purposeful sampling strategy to screen for and recruit patients and parents for this study. We first recruited participants from a list comprised of patients and parents who participated in the quantitative portion of a larger study relevant to this study topic, and who indicated that they would be interested in participating in an

interview. These participants were contacted electronically using their provided email address. When the desired sample size of patients (n=10) and parents (n=10) was not achieved, we recruited participants from this study setting by consulting their medical charts for eligibility and after a member of their care team obtained consent for a study team member to approach the potential participant. Patients were eligible if they: a) were English or French speaking; b) were youth between the ages of 14 to 18 years old; c) were admitted to an inpatient unit at the study setting since January 2018 (nine to 12 months prior to recruitment); 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 days to 13 years old who was admitted to a medical or surgical unit at the study setting since January 2018 (nine to 12 months prior to recruitment); and c) had a child between the ages of 0 days to 13 years old who received care from a nursing student during their hospitalization.

2.4 Data collection: The first author (RB) conducted one-on-one semi-structured interviews with nine parents and seven patients between September 2018 to January 2019, in person or by phone. Although patients and parents were recruited non-dyadically, prior to beginning the interview, the first author informed patient participants completing an in-person interview that they could decide whether or not they preferred to have their parent or another caregiver present during the interview. We could not confirm the presence of others during interviews that were conducted by phone. The first author pilot tested the interview guide with one patient and one parent. The first author audio-recorded the interviews, which were between 20 to 40 minutes in duration, and transcribed them verbatim. She also asked the participants to complete and return a basic demographic survey following the interview to highlight their personal characteristics. Further, she asked those who

participated in person to review and complete a written consent form prior to starting the interview and those who participated by phone to provide verbal consent.

2.5 Data analysis: We (RB and JC) manually analyzed the data using a qualitative content analysis manifest approach with inductive reasoning (Schreier, 2012; Bengtsson, 2016). We separately analyzed the patient and parent data. We first independently read the transcript in its entirety to familiarize ourselves with the text and we then read through the text a second time to identify codes. We read the transcript a third time, referring to the study research questions to ensure that our codes were meaningful and relevant. We met to discuss our codes, to categorize them, and to modify the coding structure after each three coded transcripts. 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). This also ensured that the categories remained internally homogenous and externally heterogenous. We analyzed the French transcripts in the same manner; however, when writing the findings of the study, we used free translation to insert quotes within the text. The first author, who conducted the French interviews and analyzed this interview data, is a native French speaker and fluently bilingual in both French and English. Furthermore, a co-author (JC) who also participated in data analysis, interpretation, and writing the study findings is also a native French speaker and fluently bilingual in French and English, and therefore confirmed the accuracy of the embedded meaning of these translated quotes.

2.6 Rigor and trustworthiness: We upheld Lincoln and Guba's (1985; Guba & Lincoln, 1994) criteria of rigor and trustworthiness. The first author kept a reflexive journal to recognize her position throughout the study, which upheld reflexivity and allowed for a better representation of participants' words when writing the findings (Thorne, 2016). The first author recognized her own experiences as a patient and as an undergraduate nursing student, knowing that the qualitative text

could not be separated from her own experiences, nor from the readers, or from the study participants (Creswell & Poth, 2018). The first author demonstrated credibility through building a rapport with the participants, allowing for detailed and in-depth sharing during the interviews which assured the veracity of the interpreted data (Loiselle, 2011; Whittemore, Chase, & Mandle, 2001). Further, with the research team members participating in the data analysis, individual assumptions were challenged, ensuring that the findings were grounded in the participants' reflections. This process also ensured the neutrality of all biases (Lincoln & Guba, 1985). We kept an audit trail of both the data collection and analysis to ensure the study's dependability (Lincoln & Guba, 1985). This further enhanced the confirmability of the study. Because we used inductive reasoning when analysing the data, the first author ensured that she recognized the co-constructions, representations, and the interactive processes that occurred between herself and the participants to ensure that the encoding and findings were presented with the language that was used by the participants (Creswell & Poth, 2018; Graneheim, Lindgren, & Lundman, 2017). The transferability was ensured by the use of vivid and in-depth descriptions of both the context and of the participants' experiences and perceptions. The Consolidated criteria for reporting qualitative studies (COREQ; Supplementary file-1) checklist was completed for the quality appraisal of this article.

2.7 Ethical considerations: We obtained approval from the Research Ethics Boards of the University and Hospital sites. The participants' recruitment and participation in this study were contingent on their informed consent with the knowledge of the study's aims, risks, and benefits, and that their participation was voluntary.

3. Findings

3.1 Participants' demographic characteristics

Of the 16 participants, nine were parents (56%) and seven were patients (44%). Of these participants, 14 (88%) completed their interview in English while two (12%) completed it in French. Further, four (25%) completed their interview by phone and 12 (75%) completed it in person. Of the parent participants who provided demographic information (n=8), the age of the parent's child ranged from 18 days to 12 years old and they reported having been admitted to the study setting between zero and four times between January 2018 and January 2019. Of the patient participants who provided demographic information (n=6), the patient's age ranged from 15 to 17 years old and they reported having been admitted to the study setting from one to five times between January 2018 and January 2019. No participants withdrew from the study.

3.2 How are patients and parents currently involved in the formative assessment of nursing students' pediatric clinical practice?

Through the description of their past encounters, patient participants spoke about how they have been involved in assessing nursing students' pediatric clinical practice based on their thoughts and observations during these encounters; such assessments often did not lead to feedback provision. These assessments included students' bedside manner, such as how "[nursing students] would always introduce themselves" and tell the patient that "they're a nursing student [who is there] either to help or observe" (PT 1). They also spoke about their assessments of students demonstrating if they knew what they were doing within the clinical context, stating that students were "just like any other nurse" when they demonstrated that "they knew what they were doing" (PT 4). On the other hand, when patients did not feel that students knew what they were doing, it made them "feel a bit like, annoyed because [the nursing students] were supposed to be doing everything and know what to do" (PT 7). Patients then "wanted to double check everything" the

students were doing, stating “if like, I could show them how to do something, it was like c’mon” (PT 7) when providing care.

Patients also indicated how they assessed nursing students’ level of confidence and independence when providing care. Patients expressed feeling reassured by the presence of the nursing students’ clinical instructor during their past encounters, stating that when “the instructor was there [I was] more confident to know [the nursing students will] be more thorough” (PT 7). Lastly, patients spoke about students’ confidence, relying on their assessments of the students’ independence from their clinical instructor when providing care:

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)

When speaking about their past encounters with nursing students, parent participants spoke about their observations of student’s confidence; their assessment of which was influenced by the student seeming timid and/or unsure of themselves when providing care:

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’s an example of how timid he was, and you know, that he felt very unsure of himself in that environment. (PR 1)

Parents also spoke about students “who seemed to know how things worked” and how these students knew “what they had to do... and how to best align themselves [for their work]” versus students “where it was like ‘ok, I’ll look around’, and who seemed to be thinking ‘I’m not sure which button to push’” when providing care within the pediatric hospital environment (PR 8). Parents stated how nursing students who did not demonstrate that they knew what they were doing

negatively affected their children's experience of care, level of anxiety while in hospital, and anticipation of pain:

It provoked a little bit of anxiety inside of her when she felt that the [student] nurse wasn't exactly sure. Especially when it came to moving her (...) the [student] 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 [student] nurse knew what he was doing. And so, it made her anxious. (PR 1)

Furthermore, parents spoke about their past encounters with nursing students during which they assessed the students' 'soft skills', which were useful and comforting during a moment in which the parent was upset. As one parent stated,

[The nursing student] 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)

Finally, parents shared their past encounters during which they assessed the students' demonstrated desire to be involved in patient care by "[spending] a lot of time talking with [the patient]" during a period of physical rehabilitation, which parents found "clinically was [helpful]" and that "that was great" (PR 1) for the parent and patient.

Based on their past encounters, both patients and parents reported having assessed students' bedside manner, such as their technical or non-technical skills, as well as their demonstrated confidence and know how when providing care. Additionally, parents have assessed students based on their ability to provide care independently from their clinical instructor as well as if and how they demonstrated their desire to be involved in patient care. Although patients and parents did not report being formally asked about their experiences of care or to provide assessments of nursing students' pediatric clinical practice at the study setting, their intelligible and concise descriptions of their observations and assessments of students' care are telling of their ability to formally assess nursing students.

3.3 How would patients and parents prefer to be involved in the formative assessment of nursing students' pediatric clinical practice?

3.3.1 Elements of undergraduate nursing students' pediatric care that patients and parents would prefer to assess and provide feedback on

Patient participants indicated that, if given the opportunity, they would prefer to assess and provide feedback on nursing students' bedside manner, stating that "that's really important" and wanting to assess things "like how they treat you", recognizing that "most patients aren't going to know like the medical stuff behind [the care provided]" (PT 3). Patients also stated that they would prefer to assess and provide feedback on students' techniques and tasks, which they felt comfortable assessing given their experiences as the recipient of care. For example:

Because I've been here for long enough, 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)

Furthermore, patients would prefer to assess and provide feedback on students' relative speed and efficiency when providing care. Although patients recognized that it's "not like gonna be that fast", they also found themselves wondering "okay, is it done yet?" when students were performing tasks, such as measuring their blood pressure (PT 3). Lastly, patients would prefer to assess and provide feedback on whether or not students demonstrate that they know what they're doing, which could be determined by "[seeing] if [the nursing students] were like, looking clueless, or if they didn't have a plan, or they weren't prepared" (PT 7). Such preparedness could also be determined "if something beeps and [the nursing student is] like 'what the heck', or if they actually know how to handle things going wrong" (PT 7). In assessing if nursing students know what they're doing, patients would prefer to provide assessment and feedback on how thorough the

student was in providing care and asking questions, the students' competencies in performing a physical exam, and how the student made them feel as a patient:

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)

Parent participants indicated that they would prefer to assess and provide feedback on nursing students' 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). Parents would also prefer to assess and provide feedback on students' demonstrated confidence when providing care, stating: "I need to have trust that you [the nursing student] know what you're doing" and that they "don't need to know what year" the student is in, but they want to "feel like it is [their] last day of school" (PR 5); demonstrating that students' confidence when providing care can determine the confidence and trust that parents feel towards nursing students from whom they are receiving care.

Lastly, parents would prefer to assess and provide feedback on students' interpersonal skills, such as their "bedside manner, their ease in engaging in conversation with, and in this case, children... or even the difference between a child and an adolescent... and how to approach that" (PR 1). Further, parents would prefer to "assess their interactions with [patients and parents] and how comfortable they make our son feel; how comfortable they make us feel" (PR 9). Parents articulated the importance of students' interpersonal skills when providing care in a pediatric context, indicating that such skills affect their own level of comfort when receiving care from nursing students.

Many of the elements of nursing students' pediatric clinical practice that patients and parents would prefer to assess and provide feedback on align with those that they reported having assessed during their past encounters; however, that they did not report having had the opportunity

to provide feedback on. For example, both patients and parents would prefer to assess elements of students' bedside manner and their demonstrated confidence when providing care; both of which patients and parents have reported already having assessed previously. Further, patients would prefer to assess students' techniques and tasks and their know how when providing care; these are also elements of care that patients reported having assessed during their past encounters. These similarities demonstrate that the elements of students' care that patients and parents have already assessed are also those that they would want the opportunity to provide formal feedback on.

3.3.2 How patients and parents would prefer to provide feedback to undergraduate nursing students based on their assessments

Patients indicated their preferences in the format, method, and timing of feedback provision. When speaking about the format, patients identified telephone interviews, emailing, questionnaires, and rubrics as their preferences. They did, however, indicate that a questionnaire would "be easiest if it was kind of like uh... questions, and then you have a scale from 1 to 5, and then you just circle the answer" (PT 4).

Furthermore, patients indicated that their feedback should be given to the student "once the assessment is over" by either their assigned nurse or the student's clinical instructor by "[handing] it to... someone, but not the actual student" and that it should be "during [the nursing student's] shift, or something. Like not in the afternoon; like after they've left" (PT 3).

Parent participants also specified how they would prefer to provide assessment feedback. They indicated their preferences of the format, method, and timing of feedback provision as well as their desire to maintain anonymity in the process so that "folks would be less worried about... feeling like what they say might come back to them" (PR 6). They recommended using a questionnaire, which "is a great tool that can be pretty fast, that doesn't require a lot of time, not a

lot of stress”, as well as a Likert scale and online or email formats (PR 8). Parents expressed that they would require a flexible window of time to provide assessment feedback and that they would prefer to feel settled and comfortable in the hospital environment before being asked for their feedback. Illustratively, a parent said:

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)

Lastly, parents indicated that they would prefer to provide their feedback to either the assigned nurse, trained personnel, the charge nurse, or the clinical instructor. The latter was thought to be “the best way if there’s an opportunity to have that kind of feedback provided to nursing students” (PR 1). Unanimously, parents did not want to provide their feedback directly to nursing students.

Patients’ and parents’ preferences for providing their feedback to students included that a questionnaire should be used to collect feedback and at a time that is most convenient for the patient or parent. Further, parents highlighted their preference for their feedback to remain anonymous, and for this to be ensured at all times. Lastly, both patients and parents would prefer that their feedback be given directly to the student’s clinical instructor or to the assigned nurse, and not directly to the nursing student.

3.4 What are the potential benefits and challenges of involving patients and parents in the formative assessment of nursing students’ pediatric clinical practice?

3.4.1. The benefits of involving patients and parents in the formative assessment of undergraduate nursing students’ pediatric clinical practice

Patient participants indicated the perceived benefits of providing assessment feedback to nursing students, including the improvement of nursing students' clinical practice, which patients thought was "important because it helps the nursing students to improve on how to help the patients better and how to become a better nurse, as well" (PT 1). They also indicated that their assessment feedback could provide a "real picture of how [nursing students] can improve because it's coming from the patients and the parents directly" (PT 4). Further, patients considered the benefits for themselves, such as having a voice and control when receiving care from nursing students, which could also facilitate their involvement in their overall care. To emphasize this point, a patient stated:

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 having a voice and control when working with nursing students would motivate students to provide better care because "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... so that's obviously a benefit for [patients]" (PT 7). As such, patients clearly articulated the relevance and importance of their role in the assessment process.

Finally, patients thought that their involvement would ensure that "you get a bigger picture of that student" because they, as the recipients of students' care, are "experiencing it one-on-one" (PT 4). Patients felt that getting this bigger picture of students' performance was particularly important given that "sometimes it's just a nursing student without another nurse" providing care; therefore, another nurse, such as their assigned nurse or the students' clinical instructor, "can't really assess them if they're not there" (PT 4). In this way, patients indicated the importance of

assessment feedback being provided by those who are receiving the students' care as well as consistently assessing nursing students.

Parent participants' perceived benefits of their involvement in providing assessment feedback included that "it's the best way for [nursing students] to learn", by "[hearing] 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" (PR 1). Parents also stated that their involvement would provide a "venue to voice some...concerns... and to be able to provide that feedback" which could potentially mitigate arising problems during their many interactions with students (PR 9). Finally, parents explicitly expressed that there would be no direct benefit for them in terms of being involved in the assessment process. Although students receive assessments and feedback on their clinical practice from other healthcare professionals, parents felt that patients' and parents' unique insight could be beneficial for students' clinical practice:

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

Both patients and parents identified how their feedback could be beneficial for nursing students, such as helping students to improve their clinical practice and providing a bigger picture of students' clinical performance. In this way, patients' and parents' feedback could best help students to identify their strengths and weaknesses when providing pediatric care. Patients also identified that being involved in assessing students' clinical practice could be another venue to have a voice and control in their care, which they saw as a benefit. Parents, on the other hand, indicated that there would be no benefit for themselves of their involvement; as such, providing feedback of their assessments would be only for the benefit and betterment of nursing students.

3.4.2. The challenges of involving patients and parents in the formative assessment of undergraduate nursing students' pediatric clinical practice

Patient participants reported one of the challenges of providing feedback to nursing students was that they are not experts in the medical components of nursing care. As such, “patients don’t know as much as the nursing students themselves” which patients reported makes them feel “scared to like... say the opposite of what [nursing students] see in nursing school” (PT 2). Patients also indicated “any biases... in their life, or prejudices” could influence their feedback and make it difficult to provide “an arbitrary description of like, how [the nursing student’s] doing” when providing care (PT 3). Finally, patients spoke about the challenge of not feeling well when hospitalized. Patients indicated that feeling unwell can cause them to feel irritable and could potentially result in harsher feedback of their assessment of nursing students’ clinical practice: “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). Patients expressed knowing that feeling unwell while in hospital could be a challenge and could affect their assessment and feedback provision of nursing students’ clinical practice.

Parent participants also reported the perceived challenges of their involvement in the assessment of nursing students. These included that parents lack the necessary knowledge of the expectations and standards that regulate students’ clinical practice: “it’s not that I don’t want to assess, it’s more that I’m not sure I could give a good assessment based on the expectations and standards” (PR 6). Further, parents expressed a concern of feeling that they “can be honest” when providing assessment feedback “without feeling like there’d be any remorse” from students following feedback provision (PR 5). Parents also felt that managing their own stress and emotions arising from accompanying their hospitalized ill child as a challenge to providing assessment

feedback. Parents expressed that “while at the hospital, 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 your child’s” (PR 1). As such, parents felt that “having to give feedback... would just add another level of stress because you don’t know how [the nursing student’s] going to take it... and when you’re tired, and you’re stressed out, it’s the last thing that you want to be mindful of” (PR 1). In this way, parents reported that being tasked with assessing and providing feedback on students’ clinical practice could be emotionally challenging during an already stressful time.

Lastly, parents spoke about their concern of the negative impact that their feedback could have on nursing students’ confidence. Parents expressed concern that nursing students could feel more nervous when providing care to their child (the patient) if they know that they are being assessed and that parents might provide unreasonable feedback that could negatively affect students’ confidence and, in turn, 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)

Both patients and parents reported that a potential challenge of their involvement in providing assessment feedback pertains to their lack of knowledge and/or expertise of nursing students’ clinical practice. Furthermore, patients and parents were also concerned about having to manage their personal experiences when hospitalized, such as feeling unwell, stress, and emotions, while remaining cognizant of how their feedback might impact students’ confidence and care provision. Lastly, while patients were concerned that personal biases and prejudices could lead to unfair student assessments, parents indicated that their fear of being blamed by students following feedback provision could be a challenge to their involvement. While both patients and parents expressed challenges for themselves and nursing students should they be involved in providing

feedback on their assessment of students' clinical practice, they also provided potential facilitators to address these challenges.

3.4.3. The facilitators for patient and parent involvement in the formative assessment of undergraduate nursing students' pediatric clinical practice

Patient participants identified potential facilitators to enable their future involvement in the assessment process. These included providing patients with information about the assessment and feedback provision prior to beginning the assessment process, and how their involvement would be beneficial to nursing students and to other patients. For instance, a patient discussed:

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)

Patients would also require specific assessment criteria, stating that “the more specific the criteria” the less likely it is that patients will base their assessments and feedback on favoritism in a “I like this [student] nurse better than the other one” manner (PT 3).

Parent participants also identified potential facilitators to their involvement in the assessment process. One facilitator identified was giving parents a heads up, such as “at the beginning of the stay, indicating that that kind of information [assessment feedback] would be helpful” so that parents “know what to remember from the experience” of receiving care from nursing students (PR 1). Certain parents preferred to receive information about their potential involvement at the beginning of their hospitalization, while other parents indicated that such information should only be provided when they begin to work with nursing students: “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). Lastly, parents indicated the importance of ensuring that their

involvement remains voluntary by giving “the parents a chance to have an opinion or a choice” and “having a choice to say, yes, I would like to be involved, or not” while desiring recognition that their involvement “is an extra step” for them (PR 5). Although parents identified a variety of potential facilitators for their involvement, their anonymity and recognition of their contribution to students’ clinical practice assessments were paramount.

The facilitators identified by patients and parents for their involvement included providing them with information regarding students’ clinical practice assessments and what would be expected of their involvement prior to requesting assessment feedback. Patients also indicated that they would be interested in knowing how their assessment feedback might be beneficial for nursing students to receive. Lastly, parents indicated the importance of allowing their involvement to remain voluntary at each step of their assessment.

4. Discussion

To our knowledge, this is the first study that has been conducted to explore patients’ and parents’ involvement in the formative assessment of undergraduate nursing students’ pediatric clinical practice.

The participants in our study indicated which components of undergraduate nursing students’ pediatric clinical practice that they would prefer to assess and provide feedback on. The components were based on their past encounters with nursing students and their confidence in assessing and providing feedback on both the technical and non-technical skills that nursing students perform while in a pediatric care context. For example, certain patients indicated that they would feel confident assessing and providing feedback on students’ technical skills because they, as the patient, have observed and participated in their clinical interventions with nurses enough times to know how it should be performed. Contrarily, the parent participants of this study

indicated that they would not feel confident assessing and providing feedback on students' technical skills because of their lack of knowledge of the expectations and standards that regulate their clinical practice. These findings are not congruent with the perceptions of the participants of Haycock-Stuart et al.'s (2016) study, being nursing lecturers and students, who expressed concern that patients and parents would not possess the necessary knowledge to assess and provide feedback on nursing students' technical skills, and questioned if patients and parents would be willing and feel qualified to assess these. This concern was shared by other authors who indicated that patients could not only provide poor and valueless assessments, they could also use their involvement in the assessment process as an opportunity to unpack concerns arising from their overall healthcare experience (Forrest et al., 2000; McAndrew & Samociuk, 2003). The study that we conducted found that patients and parents are aware of their own limitations in knowledge of the standards of nursing care as they clearly indicated which components of care that they would feel confident assessing and providing feedback on.

Further, the parent participants in our study spoke positively about their past encounters with nursing students during which students demonstrated their engagement in patient care as well as when they practiced their 'soft skills' (the term used by our participants to describe students' non-technical skills) to provide comfort to patients and their families. Similarly, in a study conducted by Debyser et al. (2011), which sought to understand the involvement of adult psychiatric patients in the assessment of nursing students' clinical practice, the participants reported valuing elements of care that were based on their past encounters, such as authenticity, spontaneity, and sensitivity, as well as students demonstrating engagement in patient care.

The patients and parents in our study unanimously agreed that they would not want the nursing student present when providing assessment feedback. Contrarily, Debyser et al. (2011)

found that the nursing students' presence during feedback provision increased the authenticity of the patient's feedback and overall had a positive impact. The parent participants of our study also expressed their desire to ensure the anonymity of their feedback and indicated that they would prefer that their involvement in the assessment process be voluntary. The current literature suggests that it is the role of the student's clinical instructor to ensure this anonymity when it is requested (Casey & Clark, 2014). Guaranteeing their voluntary involvement could help in reducing feelings of stress and anxiety related to their involvement, providing an optimal space for feedback provision, which could potentially result in more valuable and meaningful feedback (Debyser et al., 2011; Haycock-Stuart et al., 2016; Hickey & Kipping, 1998).

Furthermore, the parent participants in our study were concerned about remaining anonymous when providing assessment feedback because they wanted to avoid any inflicted blame or remorse by students following feedback provision. These concerns are supported by Stickley et al. (2011) who conducted a study in which they developed a tool to facilitate the involvement of adult psychiatric patients in providing an assessment and feedback of nursing students' clinical practice. The patient participants in their study demonstrated uncertainty when identifying the components of nursing students' clinical practice that they would prefer to assess as well as reluctance to provide any 'negative' feedback of their assessment, which was reportedly seeded in their past encounters with their assigned nurses, whom they viewed as having a greater amount of power within the therapeutic relationship (Stickley et al., 2011). This was thought to be true about nursing students also, as patient participants expressed concern that students could potentially bully their patients to provide desirable feedback of their assessment (Stickley et al., 2011).

The patient participants in our study indicated that having a voice and control in their care would be beneficial to them. As such, their involvement can potentially lead to patient

empowerment and increased self-esteem (Morris, Dalton, McGoverin, & Symons, 2010; Rees, Knight, & Wilkinson, 2007). Furthermore, patient participants indicated that their feedback, based on their assessment of students' clinical practice, would provide students with tangible feedback and a more comprehensive assessment of their clinical performance. The current literature supports that patients' feedback of nursing students' care is the best indicator of the student's ability to meet patient needs (Atkinson & Williams, 2011). Their assessment and feedback can also provide dynamism and a more comprehensive understanding of students' clinical performance when combined with the clinical instructors' assessment and feedback (Debyser et al., 2011; Haycock-Stuart et al., 2016).

Finally, the patient participants in our study were most concerned about the impact of feeling unwell while hospitalized as a challenge for providing assessments of students' clinical practice. The impact of patients' illness has been discussed in the literature as a challenge for patients to provide useful assessment and feedback on students' clinical performance (Casey & Clark, 2014). The patient participants in our study did not, however, state that their assessment and feedback would be less useful. Rather, they were concerned that the irritability that accompanies feeling unwell could ensue harsher assessments and feedback. Nursing students' clinical instructors must therefore ensure that they are approaching patients who are well enough and who have spent a sufficient amount of time with students to provide reasonable assessments and feedback (Casey & Clark, 2014).

4.1 Implications

In conducting this study, we were able to identify several nursing research implications to inform future areas of study for patient and/or parent involvement in the assessment of undergraduate nursing students' clinical practice. Both patients and parents in our study indicated

their preferences for assessment feedback provision as it relates to the timing of their hospitalization and the time of day; however, further research is needed to identify the optimal timing during a pediatric patient's hospitalization to obtain assessment feedback from patients and parents that is based in a comprehensive and rich assessment of the student's clinical practice. This could potentially mitigate certain challenges that were identified by the patient and parent participants, such as the impact of a patient's illness while hospitalized and parents needing to manage their own emotions and stress.

The patient participants' perceptions were that undergraduate nursing students' clinical performance would improve knowing that they are being assessed by the recipients of their care and following feedback provision by patients and parents. It is, however, unknown if this would materialize. Further research is therefore required to explore and understand the impact of patients' and parents' assessments and feedback on nursing students' pediatric clinical practice. Lastly, their involvement could potentially have implications for nursing curriculum. As such, academic institutions offering a nursing program which includes pediatric clinical placements should consider the weight of patients' and parents' assessments and if, and how, they should be included in the students' overall assessment portfolios.

4.2 Study limitations

This study has several limitations. First, the patient and parent participants were exclusively recruited from pediatric inpatient medical and surgical units. Patients' and parents' involvement in assessing undergraduate nursing students' pediatric clinical practice in outpatient units were therefore not explored. Second, study participation was voluntary, and it is unknown if there were any differences between those who participated and those who did not. It is possible that the individuals who participated were more interested in the topic area and thus, expressed

different views than those who did not participate. Lastly, although we also explored nursing students' and clinical instructors' perceptions on this topic, we only presented patients' and parents' perspectives on this topic in this paper.

5. Relevance to clinical practice

Involving patients and parents in providing assessment feedback on undergraduate students' clinical practice is an important implication for nursing practice because they are contributing to shaping nursing knowledge and guiding how nursing care is provided (Collins, 2014; Haycock-Stuart et al., 2016). It is therefore important to establish the roles and responsibilities of patients, parents, clinical instructors, and assigned nurses when involving patients and parents in the assessment process.

At this time, we recommend that academic institutions and clinical instructors consider offering patients and parents a questionnaire with questions related to the students' learning outcomes, as outlined by the academic institution, to obtain feedback on their formative assessment of nursing students' non-technical and technical skills; however, requesting that patients and parents only complete sections that they felt confident assessing and that are pertinent to the care that they received from the nursing student. Based on the findings of our study, questions pertaining to nursing students' communication with the patient and family, their problem-solving skills and preparedness for providing patient care, their demonstrated comfort and confidence when providing care to pediatric patients of different ages and developmental stages, as well as their technical skills should be included. Nursing students' clinical instructors should obtain the completed questionnaire at a time that is most convenient for the patient or parent, and they should ensure the anonymity of the feedback when it is requested. Clinical instructors should consider patients' and parents' feedback in both their formative and summative assessments of nursing

students' clinical practice, and their feedback should be shared with the nursing student. Clinical instructors should, however, continue to base their decision to 'pass or fail' a student in their clinical placement on their own judgement of the students' performance as it relates to their learning outcomes, and they should consider patients' and parents' feedback as supplementary.

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

- Guidelines for clinical instructors to involve patients and parents in students' clinical practice assessments based on patients' and parents' preferences.
- Recommendations for nursing program providers globally to enhance their assessment strategies to involve patients and parents in this process.
- Enhancing nursing students' clinical practice training and education.

6. Conclusion

Although research is required to further explore and define patient and parent involvement in the assessment of nursing students' pediatric clinical practice, the participants of our study have demonstrated that their past encounters with nursing students and their insight of their limitations in the assessment process are an important source of knowledge to guide future studies and the potential implementation of their involvement.

References

- Archer, J. (2010). State of the science in health professional education: effective feedback. *Medical Education*, 44(1), 101–108. <https://doi.org/10.1111/j.1365-2923.2009.03546.x>
- Atkinson, S., & Williams, P. (2011). The involvement of service users in nursing students' education. *Learning Disability Practice*, 14(3), 18–21. <https://doi.org/10.7748/ldp2011.04.14.3.18.c8441>
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *Nursing Plus Open*, 2(C), 8–14. <https://doi.org/10.1016/j.npls.2016.01.001>
- Bell, B., & Cowie, B. (2001). The Characteristics of formative assessment in science education. *Science Education*, 85(5), 536–553. <https://doi.org/10.1002/sce.1022>
- Bourbonnais, F. F., Langford, S., & Giannantonio, L. (2008). Development of a clinical evaluation tool for baccalaureate nursing students. *Nurse Education in Practice*, 8(1), 62–71. <https://doi.org/10.1016/j.nepr.2007.06.005>
- Casey, D., & Clark, L. (2014). Involving patients in the assessment of nursing students. *Nursing Standard*, 28(47), 37–41. <https://doi.org/10.7748/ns.28.47.37.e8164>
- Coleman, K., & Murray, E. (2002). Patients' views and feelings on the community-based teaching of undergraduate medical students: A qualitative study. *Family Practice*, 19(2), 183–188. <https://doi.org/10.1093/fampra/19.2.183>
- College of Nurses of Ontario (CNO). (2014). Practice reflection: Learning from practice. Retrieved October 21st, 2018 from <http://www.cno.org/globalassets/4-learnaboutstandardsandguidelines/prac/learn/teleconferences/practice-reflection--learning-from-practice.pdf>.
- Collins, H. (2014). *Are We All Scientific Experts Now?* Polity Press, Cambridge.
- Creswell, J., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (Fourth ed.). SAGE.
- Debyser, B., Grypdonck, M. H., Defloor, T., & Verhaeghe, S. T. (2011). Involvement of inpatient mental health clients in the practical training and assessment of mental health nursing students: Can it benefit clients and students? *Nurse Education Today*, 31(2), 198–203. <https://doi.org/10.1016/j.nedt.2010.06.001>
- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis. *SAGE Open*, 4(1), SAGE Open, 4(1).
- Epstein, R.M. (2007). Assessment in medical education. *The New England Journal of Medicine*, 356(4), 387–396. <https://doi.org/10.1056/NEJMra054784>
- Forrest, S., Risk, I., Masters, H., & Brown, N. (2000). Mental health service user involvement in nurse education: Exploring the issues. *Journal of Psychiatric and Mental Health Nursing*, 7(1), 51–57. <https://doi.org/10.1046/j.1365-2850.2000.00262.x>
- Graneheim, U., Lindgren, B., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today*, 56, 29–34. <https://doi.org/10.1016/j.nedt.2017.06.002>
- Guba, E.G., & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In: Denzin NK, Lincoln YS, eds. *Handbook of Qualitative Research*. London: Sage Publications
- Haycock-Stuart, E., Donaghy, E., & Darbyshire, C. (2016). Involving users and carers in the assessment of preregistration nursing students' clinical nursing practice: a strategy for patient empowerment and quality improvement? *Journal of Clinical Nursing*, 25(13–14), 2052–2065. <https://doi.org/10.1111/jocn.13279>

- Hickey, G., & Kipping, C. (1998). Exploring the concept of user involvement in mental health through a participation continuum. *Journal of Clinical Nursing* 7 (1), 83–88. <https://doi.org/10.1046/j.1365-2702.1998.00122.x>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Loiselle, C. (2011). *Canadian essentials of nursing research*. (3rd ed.). Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- McAndrew, S., & Samociuk, G.A. (2003). Reflecting together: developing a new strategy for continuous user involvement. *Journal of Psychiatric and Mental Health Nursing* 10 (5), 616–621. <https://doi.org/10.1046/j.1365-2850.2003.t01-1-00609.x>
- Moreau, K., Eady, K., Frank, J., Hamstra, S., Karwowska, A., Murnaghan, A., & Jabbour, M. (2016). A qualitative exploration of which resident skills parents in pediatric emergency departments can assess. *Medical Teacher*, 38(11), 1118-1124. <https://doi.org/10.3109/0142159X.2016.1170783>
- Moreau, K., Pound, C., & Eady, K. (2015). Pediatric caregiver involvement in the assessment of physicians. *BMC Medical Education*, 15(1), 123. <https://doi.org/10.1186/s12909-015-0402-6>
- Morris, P., Dalton, E., McGoverin, A., & Symons, J. (2010). Preparing for patient centred practice: developing the patient voice in health professional learning. In Bradbury H, Frost N, Kilminster S, Zukas M (Eds) *Beyond Reflective Practice: New Approaches to Professional Lifelong Learning*. Routledge, Oxford, 104-119.
- Nursing and Midwifery Council (NMC). (2010). Standards for pre-registration nursing education. NMC. Available at: <http://www.nmc.org.uk/standards/additional-standards/standards-for-preregistration-nursing-education/>.
- Price, J. (2004). A parent in the classroom—a valuable way of fostering deep learning for the children’s nursing student. *Nurse Education in Practice*, 4, 5–11. [https://doi.org/10.1016/S1471-5953\(03\)00005-2](https://doi.org/10.1016/S1471-5953(03)00005-2)
- Rauf, A., Shamim, M. S., Aly, S. M., Chundrigar, T., & Alam, S. N. (2014). Formative assessment in undergraduate medical education: concept, implementation and hurdles. *JPMA. The Journal of the Pakistan Medical Association*, 64(1), 72–75.
- Rees, C. E., Knight, L. V., & Wilkinson, C. E. (2007). User involvement is a sine qua non, almost, in medical education: learning with rather than just about health and social care service users. *Advances in Health Sciences Education: Theory and Practice*. 12, 3, 359-390. <https://doi.org/10.1007/s10459-006-9007-5>
- Rhodes, C. (2013). Service user involvement in pre-registration children’s nursing education: the impact and influence on practice: a case study on the student perspective. *Issues in Comprehensive Pediatric Nursing*, 36, 291–308. <https://doi.org/10.3109/01460862.2013.830161>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340. [https://doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G)
- Schreier, M. (2012). *Qualitative content analysis in practice*. Thousand Oaks, CA: Sage.
- Speers, J. (2008). Service user involvement in the assessment of a practice competency in mental health nursing—stakeholders’ views and recommendations. *Nurse Education in Practice*, 8(2), 112–119. <https://doi.org/10.1016/j.nepr.2007.04.002>
- Stickley, T., Stacey, G., Pollock, K., Smith, A., Betinis, J., & Fairbank, S. (2011). Developing a service user designed tool for the assessment of student mental health nurses in practice: A

- collaborative process. *Nurse Education Today*, 31(1), 102–106. <https://doi.org/10.1016/j.nedt.2010.04.005>
- Suikkala, Koskinen, & Leino-Kilpi. (2018). Patients' involvement in nursing students' clinical education: A scoping review. *International Journal of Nursing Studies*, 84, 40-51. <https://doi.org/10.1016/j.ijnurstu.2018.04.010>
- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigour or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing, JSPN*, 16(2), 151–155. <https://doi.org/10.1111/j.1744-6155.2011.00283.x>
- Thorne, S. (2016). *Interpretive description: qualitative research for applied practice* 2nd edition. Walnut Creek, CA: Left Coast Press.
- Towle, A., Bainbridge, L., Godolphin, W., Katz, A., Kline, C., Lown, B., Madularu, I., Solomon, P., & Thistlethwaite, J. (2010). Active patient involvement in the education of health professionals, *Medical Education*, Vol. 44 No. 1, pp. 64-74. <https://doi.org/10.1111/j.1365-2923.2009.03530.x>
- Towle, A., Farrell, C., Gaines, M., Godolphin, W., John, G., Kline, C., & Thistlethwaite, J. (2016). The patient's voice in health and social care professional education. *Clinical Governance*, 21(1), 18-25. <https://doi.org/10.1108/IJHG-01-2016-0003>
- Whittemore, R., Chase, S., & Mandle, C. (2001). Validity in Qualitative Research. *Qualitative Health Research*, 11(4), 522–537. <https://doi.org/10.1177/104973201129119299>