

How mentors use feedback on student performance to inform practice assessment in pre-registration nursing programmes in Scotland.

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Key words: mentor, practice assessment, feedback, inter-professional team, people who access services,

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ABSTRACT

Project Summary

This project was led by a team of academics from The Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN). The project purpose was to follow up on previous literature reviews completed, that addressed complexity and challenges in providing meaningful feedback to students in the practice learning environment (Haycock-Stuart, Darbyshire & Donaghy, 2013; Pollock, Rice & McMillan, 2015). A qualitative study was conducted utilising individual semi structured interviews (n=7), which explored mentors behaviours in seeking feedback from members of the inter-professional team, and people who access services (PWAS). The purpose was to identify how this data was integrated by mentors to capture both feedback and the assessment process for student nurses.

Aim

The aim of the project was to identify how mentors use feedback on student performance to inform practice assessment in pre-registration nursing programmes in Scotland. Edinburgh Napier University, University of Glasgow and Queen Margaret University collaborated on the project with a view to:

- Updating the reviews of literature of the last 3 years practice assessment in pre-registration nursing programmes.
- Identifying how mentors elicit feedback from the Inter-professional Team, patients and carers views of student performance in practice assessment within pre-registration nursing programmes.
- Explore mentors' perspectives of practice assessment and feedback provided to students and Universities, within pre-registration nursing programmes.
- Reviewing mentor preparation programmes in Scotland for content on preparation to provide meaningful feedback to students in practice learning.
- Synthesising the data gathered within the context of the current evidence base and the updated literature reviews.
- To propose any recommendations that may arise from the findings.

Questions

- How do mentors collect evidence that contributes to the student's final assessment?
- How do mentors elicit feedback from the inter-professional team that informs the student's final assessment?
- How do mentors engage with users of health care services to enable their feedback to inform the student's final assessment?

Methodology

This is a qualitative research study, using semi-structured interviews with a purposive sample of mentors of student nurses (n=7), from across Southern Scotland. Data analysis was undertaken using Burnard's approach to thematic analysis (Burnard, 1991, 1996, Burnard et. al., 2008).

Findings

The two themes were identified from the data were: Collaboration and Gathering formal feedback.

Recommendations

NHS Education for Scotland

Consider developing national systems to support mentors and future mentors to deliver meaningful feedback and feedforward to student nurses during their practice learning experiences.

Mentor preparation programmes

Review mentorship programmes:

To assist mentors to understand the ongoing contribution of feedback and feedforward to student nurses' learning.

To develop mentors' skills to provide meaningful feedback and feedforward, as this is a critical factor in student learning.

Consider the hidden curriculum in the practice areas and enable mentors to develop an understanding of their part in this curriculum

Undergraduate nursing programmes

Review input for:

How undergraduate student nurses learn about meaningful feedback in practice learning.

How undergraduate student nurses learn about how to seek meaningful feedback and to assist student nurses to develop feedback seeking behaviours.

The development of learning experiences for student nurse that cultivate the capacity to deliver meaningful feedback in preparation for their future mentoring career.

Higher education institutions

Review the role of summative versus formative feedback in the practice assessment documentation (the Ongoing Achievement Record (OAR)).

Consider possible mechanisms for collecting and collating feedback from the IP team.

Key words: mentor, practice assessment, feedback, inter-professional team, people who access services,

SECTION 1: BACKGROUND

1.1 BACKGROUND

A review of the literature conducted in 2015, *Mentors' and Students' Perspectives on Feedback in Practice Assessment: A literature review*. (Pollock, Rice & McMillan), <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/managers-and-educators/pre-registration-nursing-and-midwifery-programme/performance-enhancement.aspx> funded by NHS Education for Scotland (NES), identified seven primary themes. These themes are: the nature of feedback, seeking feedback, understanding of feedback, relationship between Mentors and Students, timing of feedback, length of the practice experience and barriers. A follow up literature search using the same key words and strategy revealed additional papers which have been integrated in an updated summary. This paper has adopted the definition of constructive and meaningful feedback as: *'feedback provided to the student that enables them to reflect on their performance, identifying aspects of performance that are good and areas where improvement is required'* (Pollock, Rice & McMillan, 2015).

A literature review of Service Users and Carers in Assessment was completed for NES in 2013, and is available here: *Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland*. (Haycock-Stuart, Darbyshire & Donaghy, 2013). <http://www.nes.scot.nhs.uk/media/2063151/nas-user-and-carers-final-report-word-290313-no-appendix-inc-nas-and-gcu-logo-wsv.pdf>

SECTION 2: LITERATURE REVIEWS

FOLLOW UP LITERATURE SEARCHES

Mentors' and Students' Perspectives on Feedback in Practice Assessment: A literature review.

2.1 Introduction

The original literature search (Pollock, Rice & McMillan, 2015) was conducted to identify relevant publications on feedback provided within practice assessment in the fields of nursing, medicine, dentistry and allied health professionals. The search covered the years 2010-2014 to reflect the time elapsed since the publication of the current NMC nursing standards. Where a particularly relevant piece of work out with this time frame was found during the literature review this was accessed to add to the results list. Results were limited to English language materials only.

2.2 Search Parameters

The databases searched were CINAHL, Social Care On-line; Web of Knowledge; Medline; Social Care On-line; Assia; Google scholar. The search terms used were Student Performance Appraisal; Education, Clinical; Learning Environment, Clinical Competence; Feedback or feed forward; Mentor/mentorship; Clinical Supervision; Student Supervision. Inclusion criteria were all academic papers; government literature and professional guidance literature that focused on processes of feedback in practice assessment in relation to the achievement of professional competencies. Given the specific nature of the NMC nursing standards, and their recent introduction, only papers from 2010 onwards were included initially. Papers were excluded if they did not hold direct relevance to feedback related to assessment of professional competencies and/or did not relate to feedback and assessment in the practice learning environment.

2.3 Original Search Outcomes

A total of 35 papers were identified as relevant.

Original report

Please see the outcomes of the initial literature review, *Mentors' and Students' Perspectives on Feedback in Practice Assessment: A literature review*. (Pollock, Rice & McMillan, 2015), at the NHS Education for Scotland, Practice Enhancement site: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/managers-and-educators/pre-registration-nursing-and-midwifery-programme/performance-enhancement.aspx>

2.4 Updated Search Outcomes

The updated search identified a further 13 articles relevant to the initial review.

2.5 Review procedure

The identified articles from the updated search were read for relevance, as before by one reviewer. The literature was explored for reference to the initial themes and new themes that emerged. Two new themes were identified; the first was feedback delivery methods. The other theme relevant to this study was 'multi-focal' assessment. This theme, examining the collecting of feedback from multiple sources is pertinent to the research question. In total including sources from the original review (nine), 22 articles were included.

2.6 FINDINGS FROM THE UPDATED LITERATURE SEARCHES: FEEDBACK IN ASSESSMENT

2.6.1 Introduction

This section will update the review from 2015, and discuss the newly emerging themes. In the original review the seven themes identified from the literature were: the nature of feedback, seeking feedback, understanding of feedback, relationship between Mentors and Students, timing of feedback, length of the practice experience and barriers. The literature predominantly came from the field of medical education, but some publications also came from the fields of nursing, teaching and veterinary medicine. The revisited literature review has unearthed similar themes to those identified previously (Pollock, Rice & McMillan, 2015). In addition to two new themes emerged, electronic feedback systems and multi-source feedback. Much of the literature about mentors and mentorship focuses on the negative aspects of mentoring, with limited recognition of more positive aspects of mentorship such as mentor and mentee development.

2.6.2 Nature of literature

The original review unearthed a broad range of literature, a similar diversity has been observed in the updated review. This includes opinion pieces (Motley & Dolansky, 2015), a literature review (Telio et al., 2015) and a meta-review (van de Ridder et al., 2015a). Qualitative research methodologies adopted by researchers consisted of focus groups with students or teachers/ supervisors (Burgess & Mellis, 2015; Chen et al., 2015), or one to one interviews (Bok et al., 2016), and an observational study (Hudson, 2016). Quantitative studies included surveys (Fowler & Wilford, 2015; Groves et al., 2015) or mixed methods studies (de Beer & Mårtensson, 2015; Snodgrass et al., 2015; Spanager et al., 2015) and lastly a randomised controlled trial (van de Ridder et al., 2015b).

2.6.3 Nature of feedback

Chen et al., (2015), found a disparity between supervisors' and students' perceptions of the amount of feedback provided. This small study, using a convenience sample, identified that the junior doctors believed that the supervisors (surgeons) provided more 'guidance' than the surgeons believed they did. An observational study of school teachers (n=24) conducted by Hudson (2016) reported that identifying a specific skill for example, questioning skills (Hudson, 2016, p. 232), was more effective than open observation. Having mentors provide feedback with a specific focus allowed for 'deeper' analysis of the skill, in this study. The authors concluded that mentor preparation should include an emphasis on the development of observational skills. A survey by Groves et al., (2015) of student nurses and midwives (n=557) perceptions of feedback, given after an Observed Structured Clinical Examination or a communication simulation, reported that the students found feedback from

teaching staff to be of 'value' (p. 1737), when details of either areas for development or areas of good performance were identified. However, Groves et al. (2015) also reported that students were not clear about what constituted feedback and that some feedback from different teaching personnel, from the students' perspective, was inconsistent or conflicting. Students also reported the importance of having a consistent approach to how feedback was delivered. Fowler and Wilford (2015), surveyed a total of 279 student radiographers from two Universities (n=164, n=115) and found in summary, that students characterised desirable feedback as 'specific, timely and critical' (p. e21). Helpful feedback was hindered by not always being able to work with the same radiographer and radiographers not having sufficient time to provide detailed feedback. A mixed methods study of the impact of feedback on student occupational therapists (n=36) clinical reasoning found that specific and constructive feedback was valuable for their development. Feedback was particularly welcome from supervisors that the students perceived to be expert in their area of practice (de Beer & Mårtensson, 2015). A randomised controlled trial conducted on the impact of 'positively' versus 'negatively framed' feedback in developing a clinical skill was conducted by van de Ridder et al. (2015b, p. 807). Each group of medical students (total n=59) were randomly selected to go into the positively or negatively framed feedback group. The group receiving positively framed feedback were found to perform better throughout the whole study.

2.6.4 Seeking feedback

Very little new data was identified on this theme. One study (Fowler & Wilford, 2015), in a survey of student radiographers (n=279) found that most students (n=83, 80.6%) had more than once sought feedback from their mentor. However, students reported that feedback was not always timely and was dependant on the radiographers having time to give feedback. This meant that they were not able to discuss and reflect on feedback and felt that they did not always get maximum benefit from it. As with previous studies, students valued feedback that was constructive and specific and provided clear direction as to areas for development.

2.6.5 Understanding of feedback

No new literature was identified on this theme.

2.6.6 Relationship between Mentors and Students

A review by Telio et al., (2015) suggested that relationships and context in feedback are significant in medical education. As an outcome of the review the authors proposed research questions to examine the proposition using 'therapeutic alliance' (p. 609), an approach used in psychotherapy, as a framework and suggest that feedback should be conducted within the framework of an 'educational alliance' focusing more on the role of the learner within the relationship rather than the educator driven model that the authors suggest still predominates in medical education. An opinion piece by Motley et al, (2015), contends that teamwork and collaboration are essential to providing feedback and propose a step by step guide to enhancing the feedback 'relationship' using, for example structured communication and dialogue. Supporting the contention of using a structured tool to provide feedback is a mixed methods study by Spanager et al. (2015). Taped conversations (n=8) were conducted between trainee surgeons (n=6) and their supervisors (n=6). The median length of

conversations was eight minutes. In addition 80 questionnaires were completed by 13 trainees and 12 supervisors. The authors concluded that the feedback conversations were reflective of the content of the tool and that feedback was reported as being both comprehensive and useful, and that the structured conversations using the tool were considered useful by trainees and supervisors. Bok et al. (2016) conducted qualitative one to one interviews with clinicians (n=14) who provided feedback to veterinary students. The teachers used a feedback tool that focused on development of competency. The tool was found to influence the teachers' feedback as it tended to make the summative component of the assessment more important and this detracted from the learning aspect of feedback for the students.

2.6.7 Timing

A survey by Fowler and Wilford (2015) of n=103 students found that timing was important to student radiographers while also finding that timeliness in providing feedback could not be achieved always because of the nature and busyness of the mentors. Thus, supporting the contention that time to provide meaningful feedback is challenging in busy practice areas are the findings from the study by Spanager et al. (2015).

2.6.8 Length of practice experience

Two additional studies found the length of time spent in a learning experience or time spent with a mentor as pertinent (Bok et al., 2016; Fowler & Wilford, 2015). The teachers of veterinary students thought longevity provided a safe environment for feedback (Bok et al., 2016). Fowler and Wilford (2015) cite that the students in their study wanted to spend more time with the radiographer supervising them, but that was challenging due to the busyness of the clinical area, which limited the time mentors could allocate to feedback.

2.6.9 Barriers

Barriers identified in the updated review included timeliness and that insufficient time was spent in the company of a mentor for effective feedback to be provided for the student radiographers (Fowler & Wilford, 2015).

Adopting a wider approach which focused on more than barriers, a meta-review of feedback conducted by van de Ridder et al., (2015a) found four phases in and 33 influencers on feedback. The four phases relate to task performance, feedback reception, observation and feedback provision, (van de Ridder et al., 2015a, p. 665). Having analysed the studies they harvested from their search, these researchers go on to propose that despite the breadth of literature published, there are specific areas which need investigation as there are many remaining 'open spaces' (p. 658) in the knowledge base.

2.6.10 New Topics

2.6.10.1 Feedback delivery systems

Electronic systems to deliver feedback are being trialled (Snodgrass et al., 2015). A small, mixed-methods study using survey and qualitative interviews was conducted by researchers at Birmingham University. These researchers found that electronic approaches can be useful for self-reflection and learning.

2.6.10.2 Multiple contact feedback

Peer feedback

Peer feedback was raised in the literature published Dec 2014- Dec 2015, though the findings are not consistent. A study by Burgess and Mellis (2015) reported positive perceptions of peer feedback. This was also reported in work undertaken by Sargeant et al. (2011) and Murdoch-Eaton and Sargeant (2012). The students who attended two focus groups preferred the peer feedback to be provided without the teacher present and in a more informal setting (Burgess & Mellis, 2015). In contrast, Groves et al. (2015), report that students thought that their peers' inexperience was an inhibitor to effective feedback.

Inter-professional team and People who access services feedback

The study focus for this new research is the assessment of student nurses through multiple sources. Therefore the topic area inter-professional group feedback is pertinent.

The literature has highlighted a growing body of knowledge in this area. One approach has been primarily developed from the process of assessing surgeons through an evaluation tool used in medical education and referred to as a 'multisource' feedback (MSF) tool. This tool was designed by the London Deanery, for use with surgical trainees. The tool is web-based and was devised in a two-phase process; developing a questionnaire through exploratory focus groups and a testing phase to evaluate the validity and reliability of the tool. It is a tool commonplace in the assessment of surgical trainees (Moonen-van Loon et al., 2015). Al Khalifa et al., (2013) state that multisource feedback may also be known as 360° review. A literature review conducted by Moonen-van Loon and colleagues (2015) analysed the reliability of MSF for assessing learners and found that the approach of using multiple sources is viable in assessment, though adopting a snap-shot or single occasion for gathering 360° assessment is less reliable. Much of the success of MSF is related to the context of the assessment event; for example the number/type of groups involved and the competencies being assessed.

Archer and McAvoy (2011) identified challenges to the use of practitioner assessment tools: the MSF and Patient Feedback (PF). These challenges, which may detract from their effectiveness are: for the MSF, who the assessor is, that is if they were proposed by the trainee or the referring body (for example the employer). The MSF was found to be useful in identifying poor practice; however a difference was identified when comparing the scores, with more satisfactory scores coming from trainee nominated assessors rather than employer nominated assessors. The second issue related to Patient Feedback which often did not correspond to the scores from the

MSF, and significantly did not highlight poor performance (p. 892). This raises questions over the robustness of feedback from patients/people who access services.

Ingram et al. (2013), conducted qualitative interviews with medical trainees (n=8). This study identified the following: the quality of feedback affected the impact of MSF, the MSF tool in summative assessment promoted a tick box “pass the assessment” attitude in the learner and lastly, the purposeful selection of the reviewer by the trainee who would likely give positive feedback. A systematic review conducted into influencers on MSF in performance enhancement (Ferguson et al., 2014) found variability in the strength of the evidence and that further research is needed. Areas that the review found did alter with feedback were: communication and skill competence. Germane to the literature cited above however, were the factors of the positive impact of feedback facilitated by the reviewer and also the veracity of the reviewer as a source of feedback in the reviewee’s eyes. The perception of the reviewers’ expertise and competence in the field was also identified by de Beer & Mårtensson (2015). Other researchers (Bates et al., 2013) found in a longitudinal, grounded theory study with medical students (n=13), that the students identified that feedback could be gained from the entire medical community (for example nurses, or residents). In these extended relationships a breadth of providers of feedback helped the students to ‘know their limits’ (p. 368).

An alternative to the MSF tool devised for surgeons is the ‘emotions, content, outcome’ (ECO) process (Sargeant et al., 2011, p. 744); a person-centred approach developed from exploration of counselling and other literature. A qualitative study (using semi-structured interviews with trainees, n=13) evaluated the use of the tool in GP training. This small study found the tool was effective as a strategy for active feedback which engaged trainees in their learning.

Whatever tool may be used however, there is perceived value in gaining multiple feedback insights. For example, a mixed methods study (Sharma et al., 2012) evaluating if multiple feedback contributors in medical trainee assessment was effective and viable, found feedback from various team members was advantageous because it allowed for a more ‘complete’ (p.560) picture of the student’s performance. Furthermore, a project (Holt et al., 2010) supported by multiple HEIs and others comprised a mapping of three areas of practice where various members of the inter-professional team may be uniformly assessed. The areas which the project team selected for mapping were ethics, communication and team working. This is an ambitious programme of work which has various phases. Another project which contributed to refinement of a multi-sourced assessment tool was conducted by Muir and Laxton (2012). In this project PWAS were invited to assist in reviewing the formative assessment component for use by PWAS. Positively reviewed by the respondents, one outcome of the project was the revision of the assessment tool which had been in use.

In conclusion, the revisited literature review has unearthed similar themes to those identified previously (Pollock, Rice & McMillan, 2015). Two new themes emerged, electronic feedback systems and multi-source feedback. Multi-contact feedback spans inter-professional boundaries and feedback from non-professional participants such as people who access services (patients, service users and carers).

Familiar themes emerged from the analysis of the papers reviewed, for example feedback should be “specific and timely” (Groves et al, 2015; Hudson, 2016). Within the student-mentor relationship, structured conversations were identified as helpful, (Bok et al., 2016; Spanager et al., 2015).

Multi-contact feedback has been identified within this literature review as having value. The insights being collected and the feedback integrated from a range of professionals as well as people who access services. There are challenges within this however and include evaluation of a tool designed to collect feedback (Muir & Laxton,

2012; Sargeant et al. 2011), the objective nature of a reviewee selected reviewer, who is more likely to give positive feedback, (Ingram et al., 2013) and the areas of practice evaluated using this system (Holt et al., 2010).

2.7 Mentor preparation programmes

The Nursing Midwifery Council *Standards to Support Learning and Assessment in Practice* were published in 2008 (NMC, 2008). These standards led to the development of further support and education for mentors. It is now mandatory that all mentors have successfully completed a mentorship preparation programme, are on a mentor database and avail themselves to the updates demanded by the NMC.

In Scotland, six Higher Education Institutions (HEIs) deliver NMC approved mentorship preparation programmes. Some are credit bearing at Scottish Qualifications Framework 8 or 9. Two of the HEIs shared information about their programme documentation with the review team. The learning outcomes in both these programmes are mapped to NMC (2008) and NHS Education Standards (NES, 2013) recommendations for mentorship preparation. Experiential learning takes place in the form of case scenarios presented to participants, enabling exploration of potential routes or outcomes.

NES (2013) articulate desirable mentor qualities, noting that the commitment to advancing the profession is fundamental in their role. Furthermore, the requirement to have and apply skills that facilitate learning is explicit in programme documents where the HEI learning outcomes are mapped to the NMC & NES domains and outcomes. However the application of this in reality, considering the inherent organisational challenges is not articulated in the programme documents reviewed, but is voiced in the literature.

Vinales (2015a) acknowledges the importance of the learning environment and its influence on the experience of the student and the mentor. The complexity of the learning environment potentially influences the nature of the learning experience and consequently the feedback provided. The relationship or educational alliance (Telio et al., 2015) between the mentor and the student could be considered a hidden facet of mentoring, though the role and the responsibilities are explicit. It was not clear from the programme documents reviewed for this study, if this 'hidden facet' is included in mentorship preparation, although it may be implicitly rather than explicitly addressed.

The requirement that mentors and in particular 'sign off' mentors will be able to make an informed decision about a student's preparedness to enter the register is substantial and relies heavily on the documentation of objective assessment in the OAR (Vinales 2015b). The effectiveness of the OAR in communicating the development of the student is dependent on each mentor documenting formative and summative assessments using objective language in both feedback and feedforward.

Much of the literature about mentors and mentorship focuses on the negative aspects of mentoring: being a good or bad mentor, failing students, and the challenges associated with these aspects (Casey & Clark 2011; Mead 2011; Vinales 2015a). The importance of the above can never be underestimated, however the development of the student who is performing well also should be emphasised. This approach of facilitating learning and development of all pre-registrants is crucial to the advancement of nursing.

Gray and Brown (2016) have considered the benefits to individual mentors when they participate in further development as a mentor. Gray and Brown considered that this additional development led to opportunities for mentors' personal growth which was then itself an influence on the culture of an organisation which in turn

had an influence on the mentor and mentee experience. This aspect of continued mentor development is a theme that the profession and employers may wish to consider in the future.

2.8 People who access services (Service user and carers) in student nurse assessment feedback

The databases searched were CINAHL, ERIC, British Education Index, Medline and PsychInfo. The search terms used were: service user and carers; students; and assessment feedback. Inclusion criteria were all academic papers from 2013-2016. Conference papers were discarded and papers were excluded if they did not hold direct relevance to using service user and carer feedback in the documented assessment. In addition, to other papers reviewed for this report, a further two were identified (Carter & Brown, 2014; Hill et al., 2014). Neither of these two papers were research based, one was a narrative (Carter & Brown, 2014) and the other a discussion paper (Hill et al., 2014).

Carter and Brown (2014) describe their processes for involving service users and carers in an education programme for children's nurses. Within that process they refer to the role of this group in student assessment. It is the mentor who collects this data in that programme. A theme that these writers identify within their article is the validity and reliability of the service user and carer involvement in assessment. Hill et al., (2014) also express concern about feedback from service users and carers. They go on to suggest more coherence in gathering the feedback from service users and carers would be beneficial, and that service users and carers should be better prepared (Hill et al., 2014 p84). Notably, both of these articles allude to the inherent potential for students to receive negative feedback from the service user or carer, and the impact on the student should that occur.

The role of NMC promoting service user and carer involvement in assessment has been explored as part of this study; however other professional bodies also have a view. It is important therefore, to recognise that there is the potential for inter-professional approaches to service user and carer participation in student assessment. This follows the publication of the Health & Care Professions Council (2014), Standards of Education and Training Guidance.

SECTION 3: THE STUDY

3.1 Introduction

This section will introduce the study methodology and the methods.

3.2 THE STUDY

3.2.1 Aim

The aim of the project was to identify how mentors use feedback on student performance to inform practice assessment in pre-registration nursing programmes in Scotland. Edinburgh Napier University, University of Glasgow and Queen Margaret University collaborated on the project with a view to:

- Updating the reviews of literature of the last 3 years practice assessment in pre-registration nursing programmes.
- Identifying how mentors elicit feedback from the Inter-professional Team, patients and carers views of student performance in practice assessment within pre-registration nursing programmes.
- Explore mentors' perspectives of practice assessment and feedback provided to students and Universities, within pre-registration nursing programmes.
- Reviewing mentor preparation programmes in Scotland for content on preparation to provide meaningful feedback to students in practice learning.
- Synthesising the data gathered within the context of the current evidence base and the updated literature reviews.
- To propose any recommendations that may arise from the findings.
-

3.2.2 Ethics

Ethical approval was applied for and granted by the Edinburgh Napier University, School of Nursing Midwifery and Social Care Ethics Committee (see Appendix 1). Gaining ethical approval ensures that a planned study meets the standard of behaviours expected by the British Educational Research Association (Hammersley & Traianou, 2012).

3.2.3 Method

A qualitative approach was adopted for the study. A qualitative methodology is considered suitable for exploratory studies (Polit & Beck, 2012 p.17) where a sample is recruited to explore a particular issue. Individual semi structured interviews were selected as the means of data collection utilising an agreed interview schedule or topic guide (see Appendix 2). This ensures that the interview remains focussed, but is flexible enough for participants to describe their experience in their own way (Denscombe, 2008, p.176). Individual interviews are a robust way of gathering data when open ended questions are used and are considered by some authors to be superior to focus groups or group interviews (Bloor et al, 2002, p.43).

3.2.4 Sample

A purposive sample (n=7) were recruited from mentors who held an appointment with one of the three Higher Education Institutions collaborating on the project. Non-probability purposive sampling is appropriate when the research questions can only be answered by a particular group, in this case mentors involved in giving feedback (Polit & Beck, 2016 , p.493). The demographic details of the respondents can be seen in Appendix 3.

3.2.5 Data Collection

The interviews were conducted in a one to one setting where the interview would not be disturbed (Holloway & Wheeler, 2010). Having privacy allows time and opportunity for the respondents to consider and answer questions in an unhurried manner. With the agreement of the interviewees, the interviews were tape recorded to allow an opportunity to revisit responses to ensure the authenticity of the data interpretation (Holloway & Wheeler, 2010).

3.2.6 Data Analysis

Data analysis was undertaken using Burnard's approach to thematic analysis (Burnard, 1991, 1996, Burnard et. al., 2008), and is frequently utilised in qualitative nursing research (Appendix 4). The interviews were transcribed verbatim, which facilitated immersion in the data and allowed for annotations from field notes to be included. The literature suggests that transcript based analysis is the most rigorous method of analysing interview data and enables identification of themes (Burnard 1991, 1996, Bloor et al, 2001, p.59; Denscombe 2008, p.288). The data was then subject to inter coder checking. The transcripts were analysed independently by each coder prior to comparing findings. Once key themes were agreed they were combined into overarching concepts (n=2). The overarching areas were then agreed by all the researchers.

SECTION 4: FINDINGS

4.1 Introduction

Two key themes emerged from the literature related to the research question. These two themes were identified from the semi structured interviews, and were: Collaboration and Gathering formal feedback.

4.2 THEMES

4.2.1 Collaboration

The Collaboration theme had three sub-themes which revolved around relationships, working with others to collect and collate data, and influencers on collecting information from: the nursing team, the inter-professional team (IP team), and influencers on collecting data.

Relationships

Relationships were part of this theme; relationships within the nursing team and the inter-professional team facilitated mentors' opportunities to approach the other members to gain feedback about the student nurse:

"...I find my own experience is that if you have more of an informal chat with people, you get more information from them..." [II]¹

"...the feedback from the AHPs would be positive, but again it may be the way our team works because we're all very open with each other..." [I]

"...normally (I) just have an informal chat with the nurses that help look after them (the students)..." [II]

"...they (AHPs) will give us feedback which then contributes to the overall assessment..." [I]

"...it (the feedback) tends to be from staff that we interact most with..." [VII]

Or the relationship between student and mentor:

Feedback to students – 'chatting':

"...I don't ever really call it a midway assessment, I just call it a midway chat, because it's also us to get feedback from the student about 'how's your learning going, are you getting what you need', so it's a sharing..." [V]

Spending time building relationships through reflection:

¹ The numbers I-VII identify the respondent

“...we (the mentor and student) reflected together as a learning experience...” [V]

And overcoming barriers:

“...(the student) was extremely anxious, so I suppose I dealt with it (negative feedback) head on with her initially, and I said I know you’ll be feeling anxious, I know...I asked her to summarise what had been good and... bad about her previous (interrupted) placement, and I said I would like to go almost right back to the beginning of her xxx placement and start again...” [V]

Effective feedback was reported:

“...I had a student at midterm placement I told them if they didn’t change their behaviour (related to personal leakage, affecting achievement of professional competencies) I would have to fail them...they didn’t realise what they were doing and they completely changed their practice...” [IV]

Or it could be feedback of a particular nature as in some instances practice learning encounters required preparation of the student or the area/client/member of the IP team for the learning experience:

Feed-forward in a highly specialised environment:

“...but I also had lots of conversations with them (student) before they even went near a meeting or anything about the difficulties and if they might arise because of people’s (the students’) perceptions...” [IV]

And in preparing ‘spokes for the visit’:

“...I think they (the host visit) would be expecting you to feedback to them before...do you see what I mean?... I think they would be expecting you to say, my student is lacking in confidence or I have concerns about their knowledge of wounds, for example...” [V]

Collecting and collating informal data:

The data that was collected and collated from the wider nursing team, and the inter-professional team, (or multi-disciplinary team) was mainly verbal and informal. This process is heavily dependent on the area of practice learning the student is allocated to, the number of IP team staff involved and the length of the placement:

“...(we worked with) physiotherapists mainly...obviously we’ve got the medical teams and the Advanced Critical Care Practitioners...formally we don’t ask them...contact (is) time limited...” [III]

“...they (the AHPS) will give us feedback, which then contributes to the overall assessment...we’d kind of have a whip round the team...” [I]

“...not always easy for us (the mentors) to then get feedback...just differences in shift working...” [II]

“...best for feedback is the administrator...she is always in the office and sees a lot of the student...when a student is struggling, it’s that person who they speak to...and maybe they (the student) don’t see her as part of the assessment process...seen as a safe space...” [I]

"...certainly one had a lot of contact with the schools because they (the student) went into the school and did a piece of work and so we got a lot of feedback...about the work the student was doing..." [IV]

"...I would speak to a number of staff. I maybe wouldn't list who I'd spoken to but, speak with a number of staff about how the student's performing in the ward and this (the written record) is the kind of consensus..."

Feedback may be indirect:

"...I think the other practitioners involved in the spoke visits don't particularly see assessment as being their responsibility to feedback to you as the mentor..." [V]

And:

"...for example if the Speech and Language Therapist said you (the student) did a brilliant piece of work, we (the mentor) will say X said you (the student) how great the work you did was..." [I]

From the nursing team:

"...feedback (from others who are not the named mentors) tends to be verbal..." [II]

"...it tends to be more informal, how did they do?...were they ok?..." [VII]

"... 'what do you think about the student?' ... 'did they fully embrace the opportunities that were available?' ... " [III]

"...we talk to each other and compare experiences and what has worked well and maybe not so well..." [II]

"...sometimes it's informal, so it may be we're sitting having our coffee break in the morning, and somebody might say a comment about the student and say how well they had done, or how they had put the patient at ease with their communication, they've been very supportive..." [V]

Losing data

There is a sense of good or bad luck in gathering or losing data from the teams (nursing and IP team).

It is collected:

"... just as and when..." [II]

Or in gathering data from the IP team, which was the team the student was attached to for the practice experience:

"...I sat within the (xxx) team, so I didn't use formal paperwork...I didn't feel it was necessarily appropriate, unless it was specifically a difficulty...most of it was...general feedback about how they felt the student performed..." [IV]

With reconfiguration of services other departments move to be more distant physically:

“...xxx not in same building so we can lose feedback...” [II]

And finally feedback lost due to time or workload pressure:

“...some of it (informal feedback) gets lost, because it depends as well how busy you are in practice, and there might be bits that you really want to remember and if you remember to write them down, that’s good and if you don’t it might get lost, but a lot of its feeling...you’ve got that gut feeling that, yes we’re on the right track...” [V]

Feedback may go unnoticed because it is non explicit feedback or non-verbal feedback, for example a student being trusted to carry a larger workload than other students might be expected to do.

“...one student who was very competent had three (xxx) people (in their case load)...” [IV]

Influencers

There were also a range of influencers on feedback, for example choice of the patient or the person who accesses services (PWAS, this phrase is now often used to replace service users and carers).

“...you need to select somebody who had the cognition to provide feedback...” [V]

“...(someone whom the student) has built up a good relationship with to be able to do it mid-way... they (students) tend to look after the same three people, or four people, throughout their whole five weeks...” [VI]

Influencers on nursing team feedback:

“...we’re quite a small team, so I think the size of the team obviously is pretty important, we can share back verbally...” [V]

“...I think (in my setting)...I’m more involved with the students...because of the kind of staff ratio mix... in hospital you’ve got lots more...mentor colleagues that you can bounce ideas off...”[VI]

Influencers on feedback generally, absence of comment:

“...no news is good news...” [V]

Influencers on patient or PWAS feedback:

“...we talk a lot about the power imbalance between mentor and student, but there still is a lot for patients, especially elderly patients, between nurse and patient, and they might feel, oh, I’d better say everything is okay, because if I don’t ...I don’t know they must feel it’s difficult...to provide feedback when somebody...is going to be coming back to be providing care for you...” [V]. Respondent VI made a similar point.

Influencers on consistency of feedback from nursing staff to students:

“...I think every person on our team has gone through the mentorship programme ...so they are quite aware of what to expect...we’re singing from the same hymn sheet...” [I]

Context and length of the practice learning experience was an influencing factor on feedback:

"...(we work) 12 ½ hrs shifts so ongoing feedback throughout the shift...and I guess at handover..." [III]

"...it's more about an experiential learning environment (a two week ITU or HUD experience) rather than achieving competencies as such...exposure to a critical care environment..." [III]

"...it's only a four week placement...but the beauty of community practice is that you probably have more opportunity for that (chats), because you have the travel time with students, so you have that opportunity to go, how are you, where are you at, what's going on..."[V]

4.2.2 Gathering formal feedback

For the second theme, instances of more formalised feedback were reported. For example, the Competency Book (CB) and the Ongoing Achievement Record (OAR) were found to be useful resources, within certain boundaries. Feedback provided at this point was mainly written, this theme is composed of commentary on this formalised feedback and the Ongoing Achievement Record and the Competency Record.

Reasons for a more formal approach would be recording concerns about the student, for example:

"...a more formal feedback would tend to be if somebody (in the IP team) had a concern about something, that they would seek you out as the mentor individually to share that with you, but it tends to be verbal..." [V]

Or checking in:

"...it just varied depending on the student but we had formal meetings. It depended on the student whether it was weekly or fortnightly..." [IV]

The role of the Competency Record,

The competency record can be viewed as a 'tick box' exercise:

"...sometimes it is a pressure for them (the students) in the aspect of the competency book is everything, and you maybe think our feedback needs to reflect that...seeing it as a list of tasks rather an overall sense of what you need to be doing..." [I]

"...where I was based, (was) a community placement who never found the competency booklets particularly focused for community placements..." [IV]

"...it can be very repetitive, it's very cumbersome. I know that sometimes in practice, I have seen it happening, the book gets taken away and gets filled in not in the presence of the student which is not ideal..." [V]

It can however, provide structure however to guide mentors:

"...clear guidance of what's to be expected...but needs to be individualised..." [I]

The role of the Ongoing Achievement Record

The Ongoing Achievement Record (OAR) was perceived as useful for ongoing development:

“...I actually find far more informative the OAR, the actual assessments in the OAR and the progress you see through the OAR...” [V]

“...in a major situation...there was very formal documentation in the actual PLORA (placement ongoing record of achievement)...” [VII]

And in the ‘Hub and Spoke’ Model:

“...we use the OAR, we get students to get the spoke sheets filled out, that are included as part of their OAR. Then that way they have formal feedback from the nurse that’s been looking after them for the day...” [II]

Also it has value in talking with students about their developing practice; one respondent went on to say

“...it’s looking at their action plan, where they want to be, that’s what I find really helpful, rather than the competency book...” [V]

Other documents in use

“...there’s a booklet...called the Hub and Spoke booklet, part of it is about the students reflecting on their learning...it can be used for written feedback, but it tends not to be...” [V]

SECTION 5: DISCUSSION

5.1 Introduction

This section will synthesise the data from the themes with the existing literature base.

5.2 DISCUSSION

Relationships between mentor and student, collecting and collating data and influencers emerged as part of the *Collaboration* theme. The findings from this study are mirrored elsewhere in the literature with communication (Telio et al., 2015) and practice guidance (Motley et al., 2015) identified as part of the relationship building and sustaining. The methodology for collecting and collating data contrasts substantially with the execution of this approach in the medical field where tools for giving feedback to students are under development and evaluation (Muir & Laxton, 2012; Sargeant et al., 2011), which in assessing (Moonen-van Loon et al., 2015; Al Khalifa et al., 2013), is mirroring previous reviews. In this new study mentors facilitated both formal and informal meetings with students. For informal meetings 'chat' was used to describe conversations with students and may imply an intention to minimise anxiety in student nurses (Allen et al., 2010); and to develop the relationship (Henderson & Eaton, 2013). Also there was engagement by mentors in shared reflection which facilitated mentors' insight into the student's self-awareness (Duffy, 2013). Specifics of the nature of feedback were not identified by mentors as suggested to be worthwhile in the literature (Hudson, 2016). Nor, were these contact events identified as feedback which may contribute to lack of understanding about what constitutes feedback for mentors and students (Groves et al., 2015).

From the findings of this study, the methods of collecting and collating multi-contact data feedback on student nurses' performance (from the Inter-Professional team) appears to lack a formalised process. Collecting this data is reported elsewhere in the nursing (Carter & Brown, 2014) and other literature (Hill et al., 2014). The process for the mentor to 'collect and document feedback' however, is not reported by Carter and Brown, (2014, p31). This contrasts significantly with the published literature on the development of this approach in the field of medical education, where tools for giving feedback to students are under development and evaluation (Moonen-van Loon et al., 2015). Such tools enable collection of 360° information on student performance (Al Khalifa et al., 2013). The approach to collection and collation of feedback identified in this study suggests an improvised approach, although the mentors interviewed were very conscientious in making substantial efforts to obtain the information. Given the fulfilment of the 'hub and spoke' approach to practice learning many more IP team members will be involved with student nurses. One outcome of which may be that the demand for efficient and effective feedback from the wider team on student nurses' performance, and the demand for a means to collect the feedback is likely to increase rather than diminish. The second tool reported is the 'emotions, content, outcome' process (Sargeant et al., 2011, p. 744). This tool may be worth considering in more detail in student nurse education as it reflects the person-centered approach, which is highly recommended in nursing practice presently. Adopting this scheme to provide student nurse feedback might further embed the principles of person-centeredness in nursing practice.

Influencers were identified as a theme in this study; van de Ridder et al. (2015b) identified influencers in their meta-review. Barriers are discussed in the literature (Fowler & Wilford, 2015), but influencers are not

necessarily equivalent. In our study influence reflects the context, and the influence may be positive or negative. For example, the selecting of a patient or person who accesses services to give feedback may be influenced by the cognitive ability of the person, and though they may be able to provide useful non-verbal feedback this is not currently recorded from the findings of this study. The selection process therefore will potentially factor in bias when recording of PWAS views, this study found PWAS are generally, though not exclusively inclined to be positive about students, and this finding is in keeping with previous reports (Debyser, et al., 2011; Ferguson et al., 2014). Also, another influencer, team size, may work positively in the student nurse's favour. For example, in a small team access to the team member views are readily accessible. This factor may facilitate effective feedback, as the mentor may have completed a similar mentorship preparation programme. In a larger team in contrast, there may be an inappropriate reliance on the idea of 'no news is good news' which has been identified previously as being helpful to students (Duffy, 2013).

The other key theme identified *Gathering formal data* was constructed from formalised mentor-student nurse dialogue and the role of the OAR and the competency record. The mentors' perceived that students viewed competency activities as a 'tick box' exercise have been described elsewhere in the literature (Ingram et al., 2013). For Ingram et al., this view was particularly the case where the feedback is part of the summative assessment. The challenge therefore for student nurse mentoring, would be to consider how to utilise feedback opportunities for formative feedback which is not tainted by this 'pass the assessment' stance.

The formalised approach for collecting feedback about students by the mentors is reminiscent of the multi-source tools developing within the medical community (Moonen-van Loon et al., 2015; Archer & McAvoy, 2011). On the evidence of this project however the tools in use lack consistency across the NHS Boards the respondents work within. None of the variable approaches for recording feedback, that is using blank pages or key questions for people who access services or booklets for collation of 'hub and spoke' visits were consistent across the study. This lack of consistency may in part be related to the recommendations raised by Haycock-Stuart et al., (2013). Questions remain therefore as to the purpose of collecting feedback from people who access service (service users and carers) (Carter & Brown, 2014), how and why we collect information from the IP team, the purpose of hub and spoke practice learning experiences, how the feedback is collated, and the summative versus formative nature of feedback.

Regarding other topics which emerged from the literature reviews conducted prior to the study, this study found little evidence of students seeking feedback. On the occasion it was identified the student did not approach a member of the IP team. This is of note if feedback seeking is accepted as a strong determinant in learning (Crommelinck & Anseel, 2013; Dearnley et al., 2013). One reason for students not seeking feedback may be related to an idea introduced by one of the respondents, the 'safe space'. Where an administrator was the point of contact and therefore not party to the student's assessment process. The rationale being that if the mentor is also the assessor then the student may not feel that there is a 'safe space' in which to acknowledge theory or practice deficits. The literature talks of passivity in students' attitude to feedback. In this study the respondents did not ascribe passivity to the students but the lack of feedback seeking behaviours may imply this is the case. Milan et al. (2011) improved students' engagement in feedback seeking behaviours by exploring them in a workshop setting where this action was discussed. For students seeking feedback however, the relationships with, and the characteristics of the person providing the feedback were important (Dijksterhuis et al., 2013).

The notion that feedback is a 'one way' process (Urquhart et al., 2014) is not completely borne out in this research where respondents described feedback as being engaged in through a discussion between mentor and student. Plakht et al. (2013) describe the quality of the feedback in allowing students to understand and apply

it; thus where the respondents describe effective feedback as changing behaviour then an important reflection point for developing mentor capability would be a reflection on when feedback has been effective and why. Effective feedback was identified within the study which produced a change in behaviour. This emphasises specific feedback (Braend et al., 2010; Donnelly & Kirk, 2010; Pelgrim et al. 2012), focusing on performance (Matua et al., 2014). The provision of feedback in action (Rizan et al., 2014) for example during community practice placements was also apparent. Respondents characterised that opportunistic feedback as valuable reflecting the timeliness of feedback identified previously (Fowler & Wilford, 2015).

SECTION 6: CONCLUSION

CONCLUSIONS AND NEXT STEPS

6.1 Conclusion

This qualitative research study has explored how mentors use feedback on student performance to inform practice assessment in pre-registration nursing programmes in Scotland. Seven one-to-one semi-structured interviews were conducted with mentors from three of the four fields of nursing practice and from across southern Scotland. Analysis of the interviews revealed two relevant themes, *Collaboration and Gathering formal feedback*; these themes expand upon the evidence about the contribution of mentors to the meaningful learning experience of student nurses.

The skill required by mentors to gather and interpret data about student performance is multi-faceted. An awareness of the influence of relationships; be it between the student and mentor, or the mentor and other members of the team is fundamental in both formative and summative assessment. The responsibility and accountability associated with student assessment, including the provision of feedback and feedforward is inferred in many of the transcripts. Context plays an important part in assessment (Gray & Brown 2016), whether that is physical or psychosocial.

The complexity in gathering and collating feedback from other parties by mentors could be considered an aspect of the 'hidden curriculum' in providing students opportunities to learn from and critically reflect with mentors when discussing their practice. The tacit knowledge that can develop from a positive interaction (even about a negative situation) is beneficial to the student and mentor. The theme of the validity and reliability of feedback in practice assessment is challenging to ensure, particularly when assessing domains that include 'soft' skills. This was not a question raised prior to this work commencing, however it is a concept worthy of consideration in the future.

The commitment of all parties involved in the education of student nurses, and how that commitment is configured, is as complex as the assessment itself. The investment of resources (human, physical, educational and developmental) is vital to the enhancement of the profession to ensure that the best nursing is manifest at all times.

6.2 Limitations

There are limitations to this study. Firstly, the study sample size (n=7 respondents), thus the results are not transferable across the mentoring workforce. The sampling method also has limitations. The sampling was by utilising a non-probability purposive approach from a limited pool of mentors, and the sample were volunteers, these two factors limit the transferability of the findings and need to be considered when interpreting the data gathered. As volunteers this group are likely to be more committed and enthusiastic about mentoring of student nurses, and the data may reflect this enthusiasm. Also, as the sample was recruited from the south of Scotland, this may have had an impact given the respondents might tend to be practising within two or three NHS Boards. This was not the case necessarily as one respondent does not work in the NHS and given the size of the

organisations the respondents are no more or less likely to be homogenous than if they worked in other smaller NHS Boards.

6.3 Recommendations

NHS Education for Scotland

Consider developing national systems to support mentors and future mentors to deliver meaningful feedback to student nurses during their practice learning experiences.

Mentor preparation programmes

Review mentorship programmes:

- To assist mentors to understand the ongoing contribution of feedback to student nurses' learning.
- To develop mentors' skills to provide meaningful feedback as it is a critical factor in student learning.
- Consider the hidden curriculum in the practice areas and enable mentors to develop an understanding of their part in this curriculum.

Undergraduate nursing programmes

Review input for:

- How undergraduate student nurses learn about meaningful feedback in practice learning.
- How undergraduate student nurses learn about how to seek meaningful feedback and to assist student nurses to develop feedback seeking behaviours.
- The development of learning experiences for student nurses that cultivate the capacity to deliver meaningful feedback in preparation for their future mentoring career.

Higher education institutions

- Review the role of summative versus formative feedback in the practice assessment documentation.
- Consider possible mechanisms for collecting and collating feedback from the IP team.

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Table 1

TERMINOLOGY	
CB	Competency Book
HEI	Higher Education Institution
NES	NHS Education for Scotland
NMC	Nursing and Midwifery Council
OAR	Ongoing Achievement Record
Sign off mentor	NMC registrants who do additional preparation to 'sign off' student nurses as ready for registration as a nurse
SCQF	Scottish Qualifications Framework
SLAiP	Standards to Support Learning and Assessment in Practice

Appendix 1

Edinburgh Napier University
School of Nursing, Midwifery and Social Care
Research Integrity Committee
9 Sighthill Court
Edinburgh
EH11 4BN

27th January 2016

Dear Christine

Project Title: *Feedback in Practice Assessment: How mentors use feedback on student performance to inform practice assessment.*

Project start date: *December 2015*

Project reference: *FHLSS/1439 Version no. 2*

Further to your application for Ethical approval to undertake a research study at Edinburgh Napier University, I am pleased to inform you that the committee have approved your application and we wish you all the best with your study.

May I remind you of the need to inform the Research Integrity Committee prior to making any amendments to this protocol, of any changes to the duration of the project and provide notification of study completion. All documents related to the research should be maintained throughout the life of the project, and kept up to date at all times.

Please bear in mind that your study could be audited for adherence to research governance and research ethics.

Yours sincerely,



Dr. Barbara Neades

Chair



Appendix 2

Feedback in Practice Assessment: How mentors use feedback on student performance to inform practice assessment.

Interview schedule

Introduction to the focus group, remind the participants about:

- the purpose of the research,
- of their consent to participate,
- that they may withdraw at any time,
- and choose not to answer any/particular questions.

The questions will relate to gathering feedback data from patients, carers and members of the inter-professional (I-P) team to contribute to student nurses' overall assessment.

Key Questions:

In general how do you collect evidence to contribute towards the student nurse's final assessment, for example from the nursing team?

Prompts: timing of gaining feedback from others during the practice experience, formal or informal systems for doing so, what is the medium – for example written/ verbal and why?

How do you collaborate with members of the inter-professional team to contribute towards the student nurse's final assessment?

Prompts: who/which professions contribute; explain the role of the student nurse as a partner in gaining the feedback; how routinely gained or if not in what circumstances do you approach the I-P team member and why?

How do you engage with patients, users of health care services or carers to contribute towards the student nurse's final assessment?

Prompts: who/which patients, users of health care services or carers contribute; explain the role of the student as a partner in gaining the feedback; how routinely gained or if not in what circumstances do you approach the patients, users of health care services or carers and why ?

Thank you for agreeing to participate in this research.



INVESTOR IN PEOPLE

Appendix 3

Feedback in Practice Assessment: How mentors use feedback on student performance to inform practice assessment.

Demographic Data

Introduction: the demographic data will provide useful background information about the key informants. Please note numbers in brackets are for coding purposes only.

1 - Please identify which part of the NMC Register you are recorded on?

Please circle all that apply.

Part of the NMC Register	No.
RN1: Adult nurse, level 1/ RNA: Adult nurse, level 1	5
RN3: Mental health nurse, level 1/ RNMH: Mental health nurse, level 1	1
RN5: Learning disabilities nurse, level 1/ RNLD: Learning disabilities nurse, level 1	1
RN8: Children's nurse, level 1/RNC: Children's nurse, level 1	

Age range	No.		No.
20-29	1	40-49	3
30-39	2	50-59	1

Gender	No.
Male	1
Female	6

No. of Years Nursing	No.
< 5	1
5-10	0
10-30	5
30+	1

No. of Years Mentoring	No.
< 5	1
5-10	0
10-30	6
30+	0

Practise Setting	No.
Acute care	2
Long/term enduring conditions	1
Intensive/high interventionist care	2
Community practice	1
Nursing home care	1

Appendix 4

Process of analyses adapted from Burnard, 1991	
Stage	Activity
1	Tapes transcribed verbatim and supplemented with field notes re non verbal communication
2	Member checking – transcripts
3	Transcripts read and re read with note taking
4	Categories freely generated using literal excerpts from transcript – open coding
5	Categories grouped into higher order headings – Axial coding
6	New list re-worked with removal of repetitious or similar headings
7	Reviewing themes and sub categories in relation to research questions
8	Inter coder agreement
9	Transcripts reread alongside final coding – adjustments made as necessary
10	Inter coder agreement
11	Allocation of code to sections of the transcript – items of code collected together – then pasted under headings & subheadings