**Title**

Feedback in clinical practice: Enhancing the student experience through action research

**Abstract**

Feedback to student nurses and midwives within clinical practice is known to be central to their learning and development. A study that focused on student experience of assessment identified that a high proportion of students reported that they had received insufficient feedback whilst on clinical placement. In response to this academics and members of the clinical education team set out to explore this with a view to improving the student experience using action research. Key findings indicated that responsibility for feedback on clinical placement lies with both students and mentors, distinct factors can enable effective feedback and that positive outcomes for mentors and students resulted through engaging with the project. The process, outcomes and actions taken to improve practice are the focus of this paper.

**Introduction**

Improving approaches to assessment and feedback is a clear priority in Higher Education (Orr et al., 2012). Within the UK student nurses and midwives experience half of their assessment while on clinical placement and feedback plays a vital role in their learning (Aston and Molassiotis, 2003; Clynes and Raftery, 2008; Elcigil and Sarı, 2007). Students report how much they value feedback on their ability to provide care, complete tasks, and make appropriate decisions and communication skills. Within the School of Health and Social Care at Edinburgh Napier University a study was undertaken to explore the student experience of assessment and feedback within clinical practice. To enable this, the TESTA (Transforming the Experience of Students Through Assessment) methodology was employed to gather information to gauge practice across the nursing undergraduate programmes. Disturbingly, this highlighted that a large proportion (68%) of second and third year student nurses and midwives reported that they had received insufficient feedback while on clinical placement.

Consequently, this information led to a valuable dialogue between academics and practice educational facilitators (PEF) about perceptions of what feedback means to students and mentors, how students are prepared for assessment and feedback and what support is available to mentors. Using an action research approach, a team was formed with the aim to enhance support for student and mentors in relation to the provision of feedback. Three areas within an acute teaching hospital were identified with the help of NHS senior managers. Evidence based training materials were developed to deliver upskilling sessions for mentors, which were facilitated by the PEF’s and academics informed and prepared students on placement in the pilot sites. Feedback from the participants will inform the second action research cycle.

**Background**

Provision of a supportive clinical learning environment is vital for nursing students’ learning and development (Gray and Brown, 2016; Jansson and Ene, 2016), and provision of quality feedback in clinical practice is central to this (Vinales, 2015). Feedback on placement is defined as an interactive process offering students an insight into their performance so they can improve their practice (Clynes and Raftery, 2008; Eraut, 2006).

Pre-registration nurse education differs worldwide with no unified agreement of number of clinical hours undertaken. Within the United Kingdom student learning and assessment is facilitated by registered nurses who have completed a mentorship training programme (Nursing and Midwifery Council UK, 2010), and although mentor training is becoming increasingly the norm it is not mandatory in all countries. Internationally the term mentorship is used interchangeably with ‘supervising’, ‘preceptoring’ or ‘facilitating’ (Chandan and Watts, 2012). For the purpose of this paper the terms mentor or mentorship will be used throughout.

Recently, a UK report investigating failings in clinical practice recommended all registered and student nurses should receive consistent and timely feedback on their performance (Francis, 2013). Students expect and welcome constructive feedback (Cleary and Walter 2010) and this is correlated with high student achievement (Plakht et al., 2013). Failure to provide feedback can adversely impact on patient care (Vinales, 2015) and put patient safety at risk (Wells and McLoughlin, 2014). Early identification and timely feedback when students are failing is essential to safe practice (Elliott, 2016), and can enable underachieving students to successfully achieve their competencies (Stevens, 2013).

Feedback is known to increase student confidence, motivation and self-esteem (Rice, 2013). It can also promote effective student - mentor relationships (McKimm, 2013). Gray (2014) states that requesting and providing feedback should form part of the overall interaction and dialogue between mentor and student. Disappointingly, despite the importance placed on mentor feedback in clinical practice, it is frequently reported as being (found to be) inconsistent and sporadic (Chuan and Barnett, 2012; Gray, 2014; Gray and Smith, 2000; Jansson and Ene, 2016). Mentors lack skills in providing consistent feedback to students particularly in relation to professional values and behaviours (Fitzgerald et al 2010). Internationally, it is reported that mentors lack confidence in giving feedback and suggest that further preparation and training is required (Alharazi, 2015; Duffy, 2013; Jokelainen et al., 2013; Murphy, 2015). Other barriers to effective feedback commonly cited are time constraints (Carlson et al., 2010; Jansson and Ene, 2016), and fear of any negative impact on mentor-student relationships (Clynes and Raftery, 2008).

Provision of effective and constructive feedback is complex and requires compassion and insight (Aston et al., 2014). A respectful mentor-student relationship is a cornerstone of efficacious feedback (Allen and Molloy, 2017; Carless, 2013; Gray, 2014), and approachability and time spent with their mentor enhances student development (Sweet and Broadbent, 2017). Walsh (2014) emphasises that the student’s level of self-esteem and psychological state should also be considered and the way feedback is given is as important as the content. Mentors need to consider when and where the dialogue takes place, the approach used and their own body language (Cleary and Walter, 2010; Clynes and Raftery, 2008; Gray, 2014; Ramani and Krackov, 2012; Schartel, 2012; Stevens, 2013).

Students are criticised for being too passive in seeking feedback and often lack skills in how to utilise it (Calleja et al., 2016; Scully, 2011; Wells and McLoughlin, 2014). More emphasis on how students receive feedback, reflect on it and apply it to practice is required (Burgess and Mellis, 2015). Students frequently don’t recognise feedback when it is given and the opportunity for student learning is missed (Eraut, 2006; Pollock et al, 2016). Encouraging a more pro-active approach amongst students to seek feedback would enhance the learning process and promote an adult learning ethos (McIntosh et al., 2014; Nicol and Macfarlane‐Dick, 2006; Schartel, 2012).

Archer (2010) states that feedback should be integral to everyday clinical practice and calls for a change in educational and healthcare culture to support this (Archer, 2010). Focused strategies aimed at promoting a culture that is seen to value questioning, exploration and reflective practice facilitates effective learning (Agius and Wilkinson, 2014). Mentors need to prioritise and provide opportunistic feedback as well as the more structured summative feedback (Fowler and Wilford, 2016). However, striking a balance between patient care and mentoring students is undoubtedly challenging (McIntosh et al., 2014; Murphy, 2015).

**Aim:**

To respond to the students’ voice and enhance the feedback experience of nursing students within clinical placement using action research.

**Objectives:**

To raise awareness, provide support and training for mentors within clinical practice in relation to the provision of explicit and appropriate feedback to students on their practice.

To enhance student nurse understanding of the many forms that feedback within placements might take and how to apply this to their practice.

**Project design**

Action research was chosen because of the iterative process of development, improvement and continuous learning adopted with this method (Dewar and Sharp, 2006; Whitehead and McNiff, 2006). Munn-Giddings and Winter (2013. p5) describe this process as “simultaneously a form of inquiry and a form of practical action”. Action research often incorporates re-education and a change in practice but also empowers the subjects of enquiry (Munn-Giddings and Winter, 2013).

The process was informed by Coglan and Brannicks cycle of action research (Coglan D, 2010)

**Context & Purpose**

**Constructing**

**Evaluating Planning**

**Action Action**

**Taking**

**Action**

Figure 1 Cycle of Action Research (Coglan D, 2010)

A pre- step to the action research cycle explores why a project is required. Work had been undertaken to explore the experience of assessment and feedback amongst undergraduate nursing and midwifery students within the School of Health and Social Care using the TESTA methodology (Transforming the Experience of Students through Assessment). More information about this can be found at [www.testa.ac.uk](http://www.testa.ac.uk). As part of this a validated questionnaire and focus groups were used to gather data. Findings from this work demonstrated that students were dissatisfied with feedback on placement (more detail is found in the results section of this paper). These findings initiated a dialogue amongst academics and members of the clinical education team and construction of what the issues were perceived to be.

A further part of this was to examine what education students received relating to seeking and acting on feedback prior to going out to clinical placement. This was found to be lacking. Moreover, findings from mentor evaluations gathered as part of the University quality process were also examined, and showed that mentors perceived lack of time to be a constraining factor in providing support for students in practice. Further dialogue ensued amongst academics and members of the clinical education team around the pre- step data findings, relevant literature and practice development interventions used within clinical practice. This led to the development of an intervention to raise the profile of feedback within practice and support the mentors in providing more effective feedback.

In the planning action step of the first action research cycle the research team developed an evidence based face to face training resource for mentors. Bespoke information about the project was shared with mentors, students and NHS managers.

Conscious that time is at a premium for nurses working in busy healthcare settings, a time limited training session for mentors was developed with a predominantly practical rather than theoretical focus. The facilitators focused on exploring the nature and purpose of feedback provided in practice and reinforced the importance of giving of explicit feedback to students during every clinical shift. The findings from data gathered in the pre- step was used to initiate discussion. As well as knowledge exchange, the sessions provided mentors with space to share experiences, reflect on current practice and explore how this could be enhanced.

Pocket sized flash cards to carry with them with top tips for feedback and sample sentences to help start a dialogue with students about practice where developed for mentors. A template was also developed to facilitate mentors to reflection on their interactions with students. All registered nurses working within the UK are required to revalidate their registration every three years and these reflections would provide a useful contribution to their portfolio of professional development evidence (Nursing and Midwifery Council UK, 2018)

Link lecturers met with students allocated to the project sites both to explain the rationale for the project and to explore the various forms of feedback and how best to apply this. The preparation of students and implementation of the training for mentors fulfilled the taking acting phase of the first action research cycle. The evaluation is outlined below.

**Ethical approval details**

Ethical approval for the project was obtained from the University Ethics and Governance Committee.

**Sample**

The sample was self-selected and purposive and included twenty-seven students. Site 1 five third year and eight second year (total 13), Site 2 10 second year. Site 3 four second year students.

Mentors supporting these students (n=22), Link lecturers (academics supporting students within the three pilot sites, n=3) and Practice Education Facilitators (PEFs) responsible for training and support for mentors (n=3) also contributed to the first action research cycle.

Each group contributed to the evaluation step which involved interviews with one or two participants (n=7) and focus group discussions with three or four participants (n=2) held within the NHS and University settings. Students (n=6), Mentors (n=6), Link lecturers (n=2) and Practice Education Facilitators (n=2) participated.

**Inclusion criteria**

All ink lecturers and PEFs allocated to project sites, and all second and third year undergraduate nursing students and their mentors working within one of these between September and December 2015, (one University trimester), were eligible for inclusion.

**Data collection and analysis**

All parties were contacted by email and/or face to face and invited to participate. Written information was provided in advance of the project and again prior to the evaluation interviews and focus group discussions. Informed consent was obtained immediately prior to participation. An interview schedule was developed that focused on awareness of the project, experience of giving and receiving feedback, timing and explicitness of feedback, usefulness and application of feedback. All interviews and focus groups were facilitated by the same researcher.

The interviews were recorded using a digital voice recorder and transcribed verbatim. The data were analysed using a thematic approach by two researchers (Braun and Clarke, 2006). This involved familiarisation with the data through repeated reading of the transcripts followed by independent coding and identification of initial themes. The researchers met to share, debate findings, and agree final themes and subthemes.

**Results**

**Key finding from Pre- step data collection**

The original TESTA questionnaire data showed that 68% (n=476) of students felt they had insufficient feedback while on placement and focus groups data (n=8) supported this perceived deficit and dissatisfaction with feedback. Students reported receiving inconsistent and non-explicit feedback. The findings further suggested that the focus was predominantly on the more formal summative assessment rather than ongoing and more informal formative feedback.

**Results of the evaluation step**

Three key themes with associated subthemes were identified and will be discussed in turn with example quotations to support them

Table 1 Themes and Subthemes

|  |  |
| --- | --- |
| Theme | Subtheme |
| Shared responsibility | Asking for feedback |
| Acting on feedback |
| Feedback from the wider team |
| Enablers to feedback | Relationships |
| Naming feedback |
| Closing the loop |
| Project impact | Ongoing feedback as a motivator |
| Increased confidence |
| Generic to explicit feedback |

The first main theme identified was **shared responsibility**. Both students and mentors recognised that students needed to be active in seeking and asking for feedback. Link lecturers and PEF discussed the importance of working with students to develop the skills and confidence to be able to do this.

*‘’There is an over reliance of mentors to be the instigators of feedback*. *We should look at the way that we prepare students and equip them with the tools and the confidence that they need to ask for feedback*.’’ Link Lecturer 1

There was acknowledgment that further action by both mentors and students was then required to act on the feedback given and to close the loop by checking that this had initiated new learning and skill development.

*“After trying to do it more and more, I would then go and ask if I was better and if that had been more what they were meaning. I asked about it and she was saying that I'd improved a lot more. I was still giving the appropriate amount of care and a high performance of care but doing it in a fashion that flowed a bit more.”* *Student 1*

The findings demonstrated how much the students appreciated and benefitted from feedback provided by the wider team.

*“Others like the Charge Nurse gave me feedback and was equally supportive and encouraging”. Student 3*

*“I think it would be good for people to know that they can ask other staff nurses they're working with. Like, am I doing this okay, is that right? Staff nurses as well, for them to know that it's okay for them to give feedback too.” Student 1*

The **enablers to feedback** was a second key theme and emphasised a number of elements that contribute to successful feedback. One of these was establishment of an open and trusting relationship between the students and their mentor and where students felt they had permission to ask for feedback.

*“She was really good at engaging with me in that kind of sense, and it really helped because it made you think a lot better. She was really good at challenging things and saying, so why would you do that, why would you not do that when we were sitting doing paperwork or something, she would ask me about something to do with whatever I was doing. She was always giving you feedback.”* Student 3

*“Some mentors are very open and quite approachable, whereas some other mentors aren’t, and if I think they’re more approachable it makes you feel like, yeah, I can go and ask them. Whereas, if they’re too busy you’re like, oh, I don’t want to bother them to get feedback’’* Student 3

One student spoke of a perceived lack of purpose and value when they didn’t work with their mentor.

*“Both my mentors are nightshift workers so I’ve got three weeks of nights…. the rest of the time I feel like I’m just floating around because the nurse (staff nurse) has just been dumped with you and she’s not your mentor. I don’t know if she is a mentor.” Student 5*

It was apparent that students were not always aware that informal dialogue about their work and suggestions for improvement could be classified as feedback. It is therefore important to make this clear during the interaction between student and mentor

“*Some students struggle recognising the feedback they are given.”* PEF 2

*“…it’s actually using the word feedback … so they know early on that that’s what we will be doing, and get their perception of right.”* Mentor 4

The third key theme identified was **Impact of the project** and within this a number of subthemes demonstrate the influence that the intervention had on practice. The first of these was how ongoing feedback inspired, encouraged and motivated the students.

*“If you’re giving positive feedback and it’s very often over the day, you quite often have a couple of occasions where the student will be constantly looking for it, will be doing something to get positive feedback from you.”* Mentor 4

*“I think it inspires you and it spurs you on.*” Student 2

Equally when no feedback was offered or was promised but not delivered, the students resigned themselves to waiting until the end of placement

*“The mentors may say we’re going to do it this day (discuss their assessment and progress)…. but it never happens.” Student 5*

Feedback was perceived by students to be a low priority for the mentors and secondary to the training needs of registered nurses new to the clinical environment

*“I think they had five new hires so and if something came up such as an NG tube or a dressing. it was Oh I’ll bring you in ( newly qualified staff nurse) and you ( student) go and do the toileting or work or help with the dinners.” Student 6*

It was clear that receiving feedback increased the students’ confidence by knowing that they were progressing in their learning and skills development.

*“It boosted my confidence again, having people say that you are using initiative.”*  Student 3

“ *It makes you a bit more confident … it’s more reassuring. I think because you get good feedback, it makes you think, actually I am doing this right and I do know what I’m doing, and I am having good practice.” Student 4*

As a result of the project mentors became aware of the benefits to students of explicit feedback and changed their practice accordingly.

*“I always use the example of a drug round, so someone could say, you’ve done that drug round really well, but for the student it might be more useful to say, you’ve demonstrated a good knowledge of the drugs that you were administering, you respected individuals’ needs, and that for me was the biggest lightbulb moment for mentors, the specific nature of the feedback and how that would be more useful to a student...*” PEF 1

“*Before the teaching session I would have went, oh you’ve done good today, whereas now I go into it a bit more how you’ve done well.*” Mentor 5

*“Instead of saying, oh you’ve done well, I’d actually go through what they’ve done well in. Like, if you had like, dealt with a patient well, how they’d done well.”* Mentor 6

The findings demonstrated that ongoing feedback which is in the moment was highly valued by students as it allowed them to connect it with their practice in a way that feedback provided at a later time would not.

*“If I’m getting information when I’m doing it... when I’m in the moment I know exactly what they’re referring to.”* Student 1

*“I had been working with a patient and knew them well -- and their family-- and I was going to update the family and the news wasn’t good. My mentor just stood by the door, just around the side, and let me do it. Then, when I came out she told me how I'd done and everything.” Student 1*

Mentors found the project encouraging and useful. They spoke of how it helped them to feel supported and acknowledged that what they did was valued.

*“It brought back to me what we were actually doing and that was good.”*  Mentor 3

*“But it's nice to know that (support) there for us as well, it's not just there for the student…. prevents you from getting a little bit stale… for me personally, it keeps me on my toes…. And I felt like it gave us a little bit of recognition, and a little bit of support.”* Mentor 1

A further impact of the project was recognition by all stakeholders that a change of culture was required; one where students were confident and encouraged to ask for feedback.

*“I think students need tools to know how to ask for the feedback, and it seems to me that the students still have a certain element of passiveness in relation to … “PEF 1*

*“It is about the difficulty of anybody asking for feedback. It's always anxious-provoking, isn't it? I think, we have to look at how lecturers prepare the students and enable them to develop in the way that they have the tools and the confidence.” LL 1*

*“In first year I don’t think I would have asked for feedback but in second year I felt a bit more comfortable to ask. I think if I'd been told about it right at the very start of first year, if there was a day that I felt like I'd done well, I maybe would have thought, I’ll ask for some feedback. I didn’t think it was something that we could do. I just thought you just waited to be told.” Student 3*

Staff were asked for feedback on the pocket flash cards. Those who had used them felt that they were useful and “*gave them good ideas*”.

**Discussion**

The aim of this action research project was to respond to the student voice and enhance the feedback experience of nursing students in clinical practice. The action research approach allowed the research team to explore the student experience of receiving feedback and also examine the practice/ process of mentors giving feedback.

The first key theme was **shared responsibility** which encompassed student requests for feedback from their mentors, acting on feedback. Provision of feedback to students is a professional responsibility for all registered nurses and there is an expectation that this should be honest, accurate and constructive (Nursing and Midwifery Council UK, 2015). Never the less there was agreement across all groups, that students should take some responsibility for both receiving and acting on feedback. The literature touches on student passivity. The findings here emphasis creation of an environment and student mentor relationship that enables this. One student spoke of courage to ask for feedback when they “had a good day”. Students perceived some mentors to be too busy and were reluctant to approach them, while in contrast mentors were surprised to hear this. Evans (2013) introduces the concept of the feedback landscape which takes into consideration the roles of those involved, the characteristics of the feedback exchanges, barriers and enablers (Evans, 2013). The process of seeking and receiving feedback is not simple and perhaps if raised during the first meeting between a mentor and student as an important part of learning, ways of working could be agreed so that students know that they have permission to ask for feedback (Gray, 2014).

The importance of feedback as dialogue where students could seek clarity about areas for development connects with findings from previous studies (McKimm, 2013; Nicol and Macfarlane‐Dick, 2006) however this was most likely to happen when the culture was right . It was encouraging to see examples of students asking for greater depth in feedback and after acting on this, for acknowledgement of improvement, thus closing the loop. This iterative interactive process provides students with insight into their ability and creates an environment where suggestions for improvement can be offered (Clynes and Raftery, 2008; Eraut, 2006; Gray, 2014).

The students expressed appreciation of the wider team of professionals other than just their mentor sharing knowledge and providing feedback. Mentors actively encouraged and enabled this and the outcome was a more enriched student learning experience.

The second key theme identified was **feedback enablers** with subthemes of relationships, naming feedback and closing the loop on feedback. Relationships were clearly important to both students and mentors. Clynes and Rafferty (2008) recognised the adverse emotional effect on the student when a poor relationship exists. In this project it was clear that students were reluctant to ask for feedback if their relationship with the mentor was difficult. This echoes findings in previous research that correlates a trusting student mentor relationship with proactive requests for feedback (Allen and Molloy, 2017; Carless, 2013).

The findings also showed that to enhance learning students need to recognise that feedback is not confined to formal sessions and in addition mentors should specify that feedback is being given. This is in accordance with other findings (Clynes and Raftery, 2008; Eraut, 2006) and it could explain in part why students perceived they had received insufficient feedback and supports including this in their student education.

The final theme identified was **project impact** which incorporated feedback as a motivator, increased student confidence and explicit as opposed to generic feedback. The data demonstrated that the project raised awareness, increased mentor-student engagement and acted as a motivator to improve practice which supports previous findings (Rice, 2013).

At the onset of the project some mentors questioned the focus and requirement for training as they believed that they provided feedback as a matter of course. Further probing however uncovered the practice of general feedback as a means of encouragement rather than as a tool to improve or change practice. A clear benefit to the iterative inclusive process of action research, was the fresh insights and understanding expressed amongst mentors as they discussed and reflected upon student comments. It was apparent that mentors had not recognised the key role that their feedback played in a student’s development, and the impact it had on learning, progression, confidence, self-esteem and enjoyment of clinical placement. Relating this to the mentors acted as a powerful catalyst for change.

Literature shows that consistent, timely feedback promotes student learning. Sadly not all students experience this and the project findings demonstrate that the outcome is at least disappointment but alarmingly when repeated, brings resignation that their learning is not valued. It is therefore vital that mentors are equipped and supported in a role so key to the learning experience of student nurses. The second action research cycle will address this concern.

**Limitations**

This paper describes one cycle of the action research process only and the numbers of participants was limited.

Due to workload and time constraints it proved difficult to recruit mentors from the workplace both to participate in the training and evaluation stage.

**Learning, actions and impact of the first cycle**

A significant difficulty in providing training for staff was finding the time to attend the training sessions which were all delivered out with the clinical setting.

As part of the second action research cycle a focus on mentor-student feedback will now be included in the annual mandatory mentor update training and in addition the same content will also be included in the training programme for new mentors.

The project findings were shared with students with the view to developing the students’ skills in the concept of feedback and sessions on seeking and receiving feedback now form part of the preparation sessions given to first and second year students going out to their clinical placements. This opportunity promotes awareness and reinforces the expectation that students are required to take a more active in this learning process.

Overall, partnership working between lecturers, students, mentors and PEF’s has strengthened the relationships between academics and clinical practice; these shared experiences have provided a new direction for future practice in both settings.

**Conclusion**

In this action research project, we set out to respond to the student voice and improve their experience of feedback on clinical placement. The methodology was well suited to the aim and afforded the opportunity for Higher Education to work collaboratively with practice and offer clinical colleagues the chance to participate in research. The findings make a unique contribution to the existing feedback in practice knowledge base. New insights into the active part that students can play in their learning provided these skills are nurtured and developed; the power of explicit;and ‘in the moment’ feedback and the negative impact that absence of feedback can have on students. These valuable insights could serve as a catalyst for change and help reshape educational content related to student feedback on placement. Building on this project further research could explore the elements of what is quality feedback. This action research project reinforced how vital student-mentor feedback is to ensure effective and enjoyable student learning today and in the future. Therefore, in the demanding and ever-changing healthcare landscape it is important that mentors are supported and developed as they fulfil this valuable role.

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**Conflict of interest**

None

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