

Chapter 3

Creating an Infrastructure to Deliver Meaningful Feedback to Nursing Students

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EXECUTIVE SUMMARY

Research studies surrounding feedback primarily centered on frameworks designed as models for delivering feedback as well as the timing for delivering feedback. In addition, past research has also focused on individual elements that affect performance with little regard to environmental elements. This case study provides an overview of how a nurse educator utilized a performance analysis approach to providing feedback to nursing students during clinical rotations. A list of performance standards was provided to students at various checkpoints during their clinical rotation. Strategies are shared for improving the type of feedback used in healthcare settings.

BACKGROUND

Since delivering meaningful and effective feedback is an acquired skill, it is necessary to train nursing educators to provide feedback, especially since very few empirical studies focused on the training the providers received for delivering effective feedback (Al Wahbi, 2014; Dobbelaer, Prins, & van Dongen, 2013; Mitchell et al., 2013). In nurse education, feedback is often known as debriefing or clinical evaluation. Debriefing is used to provide nursing students structured, formative feedback during and/or after experiential learning opportunities that primarily occur in simulation settings (Cant & Cooper, 2011). During a learning opportunity, debriefing affords the learner the ability to adapt to a variety of situations as they occur, as well as to address errors or changes in the environment (Huggard, 2013). When debriefing sessions occur after a learning opportunity, learners are guided through a purposeful

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discussion relating to the experience (Huggard, 2013). This guided discussion aids in drawing out the explanations behind the individual's performance and highlights progress while also enabling the individual to develop strategies to enhance future performance (Cant & Cooper, 2011).

Clinical evaluation is also a term commonly used for providing feedback in nurse education clinical settings where students care for patients during hands-on rotations (Hendricks, Wallace, Narwold, Guy, & Wallace, 2013). For years, clinical skills of nursing students have been studied to assess the effects of different media, methodologies, and tools on measuring the clinical performance of nursing students (Hawkins, Osborne, Schofield, Pournaras, & Chester, 2012; Hendricks et al., 2013; Walsh, Jairath, Patterson, & Grandjean, 2010). Despite the varying terminology based on simulation or clinical rotations, both are designed to provide nursing students with structured feedback to assess performance regarding a variety of skills. For purposes of this research study, the terms feedback, debriefing, and clinical evaluation were used interchangeably.

Despite the varying definitions of effective feedback, for feedback to be effective, the nursing educator must communicate the desired behavior in a receptive manner for the nursing student to receive, understand, and physically accomplish the behavior (Rasheed, Khan, Rasheed, & Munir, 2015). If the accomplishment is not a result of the changed behavior, the feedback provided was ineffective. Although effective feedback is necessary to promote performance improvement, the environment, individual competencies, and training are several factors that contribute to a nursing educator's ability to provide effective feedback. Nursing educators cannot be expected to provide effective feedback to nursing students without the proper resources and skills gained through training.

Feedback in Nursing

Occurring in both clinical and simulation-based learning environments, debriefing is situation-dependent and is commonly used to correct errors, discuss different ways to handle similar events the next time, encourage self-assessment, and promote reflective thinking (Rivera-Chiauzzi, Lee, & Goffman, 2016). Debriefing sessions in clinical situations allows the nursing student to manage and/or reduce stress while improving the ability to develop strategies to improve quality and patient safety (Rivera-Chiauzzi et al., 2016) and effectively cope with sudden, overwhelming, and unexpected situations (Huggard, 2013). Debriefing sessions in simulation-based learning environments enhance the practice of clinical skills in a safer learning environment due to the exposure to rare, but critical events without a real patient (Rivera-Chiauzzi et al., 2016).

Similar to feedback sessions found in different industries, debriefing is unique to the situation and can occur collective or individually; dictated by the nature of the debriefing session, which can focus on daily required tasks and procedures or adverse events surrounding tasks and procedures or stressful and unusual traumatic events (Huggard, 2013). For example, a nursing educator may wish to conduct an organization debriefing session as a group to discuss an error made in administering medication to a patient. During this group setting, the nursing educator will meet with the cohort of nursing students to identify the cause of the error as well as discuss future policies and procedures to safeguard future instances (Huggard, 2013). Also, they may discuss what went well, what did not go well, and what lessons were learned during the event (Huggard, 2013; Rivera-Chiauzzi et al., 2016). Contrary to the organizational debrief, the nursing educator may wish to conduct a psychological debrief one-on-one with a nursing student to allow the student to validate feelings and emotions experienced during a stressful or unusual traumatic event; contributes to reducing potential psychological harm due to talking about the

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