

Efficacy Of Program About Students' Performance Assessment Feedback On Knowledge And Practices Of Nursing Demonstrators

Seham Aly Mahmoud¹, Fouada Mohamed Shabaan², Reda Abd El-Fatah Abo
Gad³.

¹Assistant lecturer, ²professor, ³Assistant Professor of nursing administration, Faculty of nursing, Tanta
University

Corresponding Author Seham Aly Mahmoud

Abstract

Background: Feedback on students' performance in clinical settings is a fundamental component in students' development, which if carried out effectively helps to improve their knowledge, skills and behavior. **Objective:** the aim of the study was to assess the efficacy of program about students' performance assessment feedback on knowledge and practices of nursing demonstrators. **Setting:** study was conducted at Faculty of Nursing, in all departments and clinical training areas of these departments except medical- surgical nursing department. **Subject:** all (55) nursing demonstrators working with students of third and fourth academic year at Faculty of Nursing, Tanta University. Also, 409 nursing students from third and fourth academic years. **Tool:** Three tools were used. Tool (1) students' need assessment regarding students' performance assessment feedback. Tool (2) knowledge test about students' performance assessment feedback. Tool (3) standard technique for session of students' performance assessment feedback observational checklist. **Results:** About half of nursing students reported moderate level of total performance of feedback given by demonstrators which mean moderate students need. All nursing demonstrators showed low level of practice pre-program while, no one showed low level of practice post-program. But, nursing demonstrators (72.7%) showed high total practice of students' performance assessment feedback post-program. Nursing demonstrators (80.0%) had low level of total knowledge pre-program. None of nursing demonstrators showed low level of total knowledge but the majority (92.7%) showed high level of total knowledge post-program. **Conclusion:** Nursing demonstrators at Faculty of Nursing, Tanta University knowledge and practice on all students' performance assessment feedback subscales were low. **Recommendations:** Conduct regular periodical enhancement programs and workshop for nursing demonstrators about students' performance assessment feedback.

Date of Submission: 14-07-2018

Date of acceptance: 30-07-2018

I. Introduction

Nursing is a practice-based profession; learning via clinical practice is an important component of nursing education. Nursing students engage in diverse range of learning experiences that enables them to develop knowledge, skills and attitudes necessary to facilitate professional growth, and prepares them for their future role as autonomous health professionals^(1,2). Nursing students should experience teaching and learning approaches that include provision of effective feedback in order to benefit from practice-based education opportunities. As well as to ensure that students as future health professionals develop the skills necessary to critically evaluate their practice^(3,4).

Feedback, is an indispensable element of any learning experience, allows students to compare their own performance with the standard of practice required and lead to increased motivation⁽⁵⁾. With feedback students can identify their strengths and weaknesses, enables them to reflect and learn from their interaction with patients and other team members, and facilitates their ongoing professional development^(6,7). Feedback gives nursing students clear direction about their educational objectives and their progress towards attaining those objectives⁽⁸⁾. Students look to nursing demonstrators, for direction confirmation and affirmation of their thinking and doing⁽⁹⁾.

Nursing demonstrators- students' feedback may be verbal, by describing observations of performance and explaining what to do differently, written provided direct on a hard copy of an assignment or in the form of summary sheets or visual by demonstrating correct performance⁽¹³⁾. Ideally, demonstrators' feedback should be given both informally and formally. On a day-to-day basis feedback should be given in the context of work activities, whilst observations over a period in time or trends in practice should be shared at a more formal

feedback session^(12,14). Nursing demonstrators' feedback give an informed, non-evaluative, objective appraisal of performance with intention to improve students' clinical skills, including information provided to a student about the accuracy of their response or performance to confirms, corrects, or guides a student's future performance⁽¹⁵⁻¹⁷⁾.

Maintaining and enhancing constructive feedback skills is vital role of nursing demonstrators. So, educational program about students' performance assessment feedback will provide a useful mechanism for training nursing demonstrators on their feedback role.

Aim of the study: Assess the efficacy of program about students' performance assessment feedback on knowledge and practices of nursing demonstrators

Research hypothesis: Nursing students are expected to be in need for effective students' performance assessment feedback. Nursing demonstrators' knowledge and practices on students' performance assessment feedback expected to improve after implementation of the educational program.

Operational definition

Nursing demonstrators are full-time clinical instructors employed by educational institutions to provide guidance, supervision and assessment for nursing students during their clinical learning experience. They have bachelor or master degree.

II. Subjects And Method

Material:

Study design: A quasi experimental research design was used to achieve the aim of the present study. Such design fits the nature of the problem under investigation.

Setting: study was conducted at Faculty of Nursing, in all departments and clinical training areas of these departments except medical- surgical nursing department.

Subjects: all (55) nursing demonstrators working with students of third and fourth academic year at Faculty of Nursing, Tanta University. Also, 409 nursing students from third and fourth academic years.

Tools: To achieve the aim of the study using three tools.

Tool I: Students' need assessment regarding students' performance assessment feedback included two parts: Part (1) included nursing students' characteristics data such as age, gender, academic year, previous academic year grades.

Part (2) included items about students' performance assessment feedback. The tool included three subscales about preparation for feedback before session, technique during session and after session subscales.

1. Preparation for feedback before session subscale included education for students, climate of feedback, timing of feedback and clarity and summary of feedback.

2. Technique during session subscale included Quantity of feedback, quality of feedback and content of feedback.

3. After session subscale included documentation and follow up activities.

Nursing students' responses were measured on a three points Likert Scale ranging from (3) agree to (1) disagree.

Levels of need for students' performance assessment feedback were as follows:-

- High level > 75% = Low need
- Moderate level 60 - 75% = Moderate need
- Low level < 60% = High need

Tool II: Knowledge test about students' performance assessment feedback. It contained 56 questions classified as follows:-

1. Meaning, attributes and role of feedback
2. Levels (focus) and principles of feedback
3. Standard technique of students' performance assessment feedback
4. Barriers for giving feedback and solutions
5. Scenario for practicing feedback
6. Documentation and follow up activities

Each question was allotted score of one for correct answer and zero for wrong answer, except questions No 53-56 was allotted score of two for correct complete answer, one for correct incomplete answer and zero for wrong answer.

Levels of nursing demonstrators' knowledge were as follows:-

- High knowledge level > 75%
- Moderate knowledge level 60 - 75%
- Low knowledge level < 60%

Tool III: Standard technique for session of students' performance assessment feedback observational checklist. It included two parts:

Part (1) included nursing demonstrators' identification data such as name and department.

Part (2) included standard technique for session of students' performance assessment feedback observational checklist. The tool included three subscales about preparation for feedback before session, technique during session and after session subscales.

1. Preparation for feedback before session subscale included education for students, climate of feedback, timing of feedback and clarity and summary of feedback.

2. Technique during session subscale included quantity of feedback, quality of feedback and content of feedback.

3. After session subscale included documentation and follow up activities.

Observation was measured on a three points Likert Scale as follows:-

Always done =3 Sometimes done =2 Not done =1 (Not applicable= 0)

Levels of demonstrators' practice were as follows:-

- High practice level > 75%
- Moderate practice level 60 - 75%
- Low practice level < 60%

Methods:

- Official permission to conduct the study was obtained from Dean of Faculty of Nursing, Tanta University.
- Ethical consideration: Nursing demonstrators and students consent for participation in the study was obtained after explanation of the nature and the purpose of the study, confidentiality of the information's obtained from them and the right to withdrawal were assured.
- The tools (I, II & III) were presented to a jury of seven experts in the area of specialty to check content validity and applicability of each tool. The experts responses were presented on 4 point Likert scales as; strongly not relevant = 1, not relevant= 2, relevant = 3 and strongly relevant=4. Necessary modifications were done, included clarification, omission of certain questions and adding others. The content validity index was 90.3% for assessment need tool (I) and 92.5% for observational checklist tool (III)
- A pilot study was carried out on a sample (41 students) 10% of nursing students from students not included in study sample and five nursing demonstrators from medical surgical nursing department demonstrators. Cronbach Alpha Coefficient test, its value for need assessment tool (I) was .9631, for knowledge test tool (II) was 0.9340 and for observational checklist tool (III) was .9631
- **Data collection:** Students' need assessment regarding students' performance assessment feedback (tool I) was used before implementation of the program.
- Knowledge test about students' performance assessment feedback (tool II) was used before and after implementation of the program.
- Standard technique for session of students' performance assessment feedback observational checklist (tool III) was used before and after implementation of the program. Every nursing demonstrator was observed three times, mean was taken for each of two assessments.

***Development of the educational program**

The first step in the construction of the educational program was the statement of general and specific instructional objectives based on assessed need of the sample and literature review. Instructional objectives

The main objectives of the program was to help the nursing demonstrators to acquire knowledge about students' performance assessment feedback and practice it as effectively as possible.

Selection and organization of program contents

After determining the objectives of program, the content was specifically designed, method of teaching, and evaluation was identified. Simple scientific language was used. The content designed to provide knowledge and practices related to students' performance assessment feedback. The program contents included six sessions about:

1. Meaning, attributes of effective students' performance assessment feedback and its role.
2. Focus and Principles of students' performance assessment feedback.
3. Standard technique of students' performance assessment feedback.
4. Barriers for giving feedback and solutions.
5. Training on standard technique of students' performance assessment feedback.
6. Training on documentation and follow up activities.
7. Selection of teaching method

Selection of teaching method was governed by studying the subjects themselves and content of the program. The methods used in teaching of the program were lecture, group discussion and role play.

Teaching aids

The teaching aids used in the program were power point (PPT), handout, flow sheet and example from clinical experience.

Implementation of program

- The study was carried on 55 nursing demonstrators. Nursing demonstrators were divided into six groups. The program time was 12 hours for each group. One session every day (2hrs every day for 6 days). They preferred to start the session after finishing the necessary work at 12 to 2 pm.
- The program theoretical sessions were held in conference room and nursing demonstrators' room Faculty of Nursing, Tanta University.
- The nursing demonstrators were informed about general instructional objectives of program and of each session. The researcher built good relationship with nursing demonstrators to enhance their participation and more involvement in the program activities.

-The program was implemented in the nursing demonstrator's room at Faculty of Nursing.

III. Results:

Table (1) shows distribution of nursing demonstrators' characteristics. Nursing demonstrators (61.8%) were in the age group 25-30 years, and the rest were in the age group 31-35 years, with age range 24-35 years and mean age 28.745 ± 2.803 . More than half (52.7%) of nursing demonstrators were having bachelor degree and working as a demonstrator and 47.3% were having master degree and working as assistant lecturer.

Respectively, equal percent (23.6%) and (18.2%) were nursing demonstrators from obstetric and nursing administration department, as well as from community and pediatric department. While, 16.4% of nursing demonstrators were from psychiatric department. About two thirds (65.5%) of nursing demonstrators were having more than five years' experience with mean score 6.109 ± 3.258 .

Table (2) illustrates distribution of nursing students' characteristics. The age of nursing students ranged from 19 to 22 years old, with mean age of 20.198 ± 0.762 . High percent (63.6%) of nursing students were female, and 36.4% were male. More than half (55.0%) of nursing students were from third year and 45.0% from fourth year. Nursing students 30.8% had good grade and 11.5% had satisfactory grade at previous academic year.

Table (3) illustrates nursing students' levels and mean score of performance of feedback given by nursing demonstrators. Majority (91.0%), 38.6% and 16.1% of nursing students' reported moderate level of feedback preparation before session, technique during feedback and after feedback session, respectively which mean moderate level of students need assessment. Students reported mean score 30.72 ± 3.13 for preparation of feedback, 61.83 ± 6.51 for technique during feedback and 8.00 ± 3.30 for after feedback.

Figure (1) shows level of nursing demonstrators' total practice of students' performance assessment feedback pre and post-program. None of nursing demonstrators had high level of total practice pre-program compared to about three quarter were at high level of total practice post-program for students' performance assessment feedback.

Table (4) shows levels of nursing demonstrators' practice of items of standard technique for session of students' performance assessment feedback pre and post-program.

Pre-program, high percent (74.5%) of nursing demonstrators showed low level of education of students changed to be low percent (5.4%) post-program. None of nursing demonstrators showed high level of preparing climate of feedback pre-program changed to be majority (85.5%) showed high level post-program. Also, none of nursing demonstrators showed high level of informing about timing of feedback changed to be (83.6%) post-program. Around half (50.9%) of nursing demonstrators showed low level of clarity and summary of feedback pre-program changed to be low percent (9.1%) post-program.

Pre-program, none of nursing demonstrators had high level of practice on all items of technique during feedback session, which significantly changed post-program to be 74.5%, 69.1% and 52.7% for items of quantity, quality and content of feedback, respectively.

Figure (2) shows levels of nursing demonstrators' total practice of preparation for feedback before session pre and post-program. None of nursing demonstrators showed high level of total practice pre-program, compared to majority showed high level of practice on total preparation for feedback before session post-program.

Figure (3) shows levels of nursing demonstrators' total practice of technique during session pre and post-program. Pre-program, no one of nursing demonstrators had high level of total practice compared to post-program more than two-thirds were at high level of practice on total technique during feedback session.

Figure (4) shows levels of nursing demonstrators' total practice on after feedback session pre and post-program. Pre-program, none of nursing demonstrators had high level of total after feedback practice compared to most of them post-program had either moderate or high level of after feedback session practice.

Table (5) represents total knowledge level and mean scores of nursing demonstrators about students' performance assessment feedback pre and post-program. Pre-program the nursing demonstrators' knowledge

means score was 13.164 ± 13.911 increased statistically significant to be 52.691 ± 4.426 post-program. Nursing demonstrators (80.0%) had low level of total knowledge pre-program. None of nursing demonstrators showed low level of total knowledge but the majority (92.7%) showed high level of total knowledge post-program with statistically significant improvement ($p= 0.001$).

Table (6) shows levels of nursing demonstrators' total knowledge of students' performance assessment feedback pre and post-program. Nursing demonstrators (80.0%) showed low knowledge level on meaning, attributes and role of feedback pre-program compared to none of them still have low level post-program. Nursing demonstrators (74.5%) had low knowledge level on focus and principles of feedback pre-program compared to none of them had low level post-program. Equal percent (70.9%) of nursing demonstrators showed low knowledge level on standard technique, barriers for giving feedback and solutions and documentation and follow up activities pre-program changed significantly to be none had low level of knowledge post-program. Majority (87.3%) of nursing demonstrators showed low knowledge level on scenario on standard technique pre-program decreased significantly to be 7.3% post-program.

Table (1): Distribution of nursing demonstrators' characteristics

Variable	N	%
Age		
25-30	34	61.8
31-35	21	38.2
Range	24-35	
Mean±SD	28.745±2.803	
Academic position		
- Demonstrator	29	52.7
- Assistant lecturer	26	47.3
Qualification		
- Bachelor	29	52.7
- Master	26	47.3
Department		
- Obstetric dep.	13	23.6
- Pediatric dep.	10	18.2
- Community dep.	10	18.2
- Psychiatric dep.	9	16.4
- Administration dep.	13	23.6
Years of experience		
- <5	19	34.5
- >5	36	65.5
Range	1-12	
Mean±SD	6.109±3.258	

Table (2): Distribution of nursing students' characteristics (No = 409)

Variable	N	%
Age		
Range	19-22	
Mean±SD	20.198±0.762	
Gender		
- Male	149	36.4
- Female	260	63.6
Academic year		
- Third	225	55.0
- Fourth	184	45.0
Previous academic year grade		
- Excellent	115	28.1
- Very good	121	29.6
- Good	126	30.8
- Satisfactory	47	11.5

. Table (3): Nursing students' levels and mean score of performance of feedback given by nursing demonstrators (No = 409)

Items of feedback.	Levels of nursing students' performance of feedback given by demonstrators						. Score
	High		Moderate		Low		
	N	%	N	%	N	%	Range Mean±SD
– Preparation for feedback before feedback session	37	9.0%	372	91.0%	0	0.0%	22-40 30.72±3.13
– Technique during feedback session	251	61.4%	158	38.6%	0	0.0%	51-90 61.83±6.51
– After feedback session	288	70.4%	66	16.1%	55	13.4%	6-17 8.00±3.30
Total	209	51.1%	200	48.9%	0	0.0%	82-136 100.54±9.52

High performance = no need Moderate performance = Moderate need
 Low performance = high need

Table (4): Levels of nursing demonstrators' practice of items of standard technique for session of students' performance assessment feedback pre and post-program

Items of preparation for feedback before session	Nursing demonstrators (N=55)							χ ² P
	Pre			Post				
	High	Moderate	Low	High	Moderate	Low		
– Education of students	N	0	14	41	43	9	3	99.799 0.000*
	%	0.0%	25.5%	74.5%	78.2%	16.3%	5.5%	
– Climate of feedback	N	0	21	34	47	6	2	108.440 0.000*
	%	0.0%	38.2%	61.8%	85.5%	10.9%	3.6%	
– Timing of feedback	N	0	0	55	46	4	5	118.072 0.000*
	%	0.0%	0.0%	100.0%	83.6%	7.3%	9.1%	
– Clarity & summary of feedback	N	0	27	28	47	3	5	104.916 0.000*
	%	0.0%	49.1%	50.9%	85.5%	5.4%	9.1%	
Items of technique during session								
– Quantity of feedback	N	0	3	52	41	11	3	114.659 0.000*
	%	0.0%	5.5%	94.5%	74.5%	20.0%	5.5%	
– Quality of feedback	N	0	1	54	38	16	1	134.890 0.000*
	%	0.0%	1.8%	98.2%	69.1%	29.1%	1.8%	
– Content of feedback	N	0	0	55	29	26	0	152.492 0.000*
	%	0.0%	0.0%	100.0%	52.7%	47.3%	0.0%	

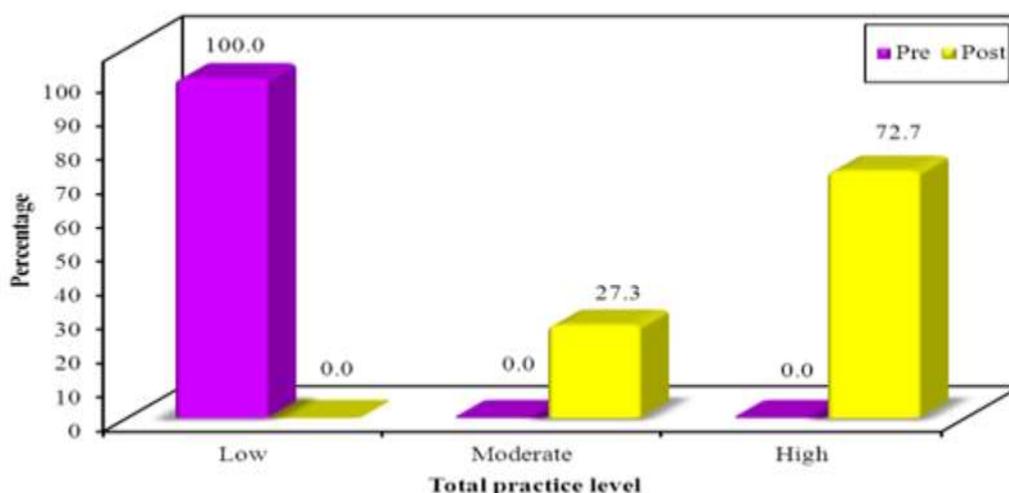


Figure (1): level of nursing demonstrators' total practice of students' performance assessment feedback pre and post- program (N=55)

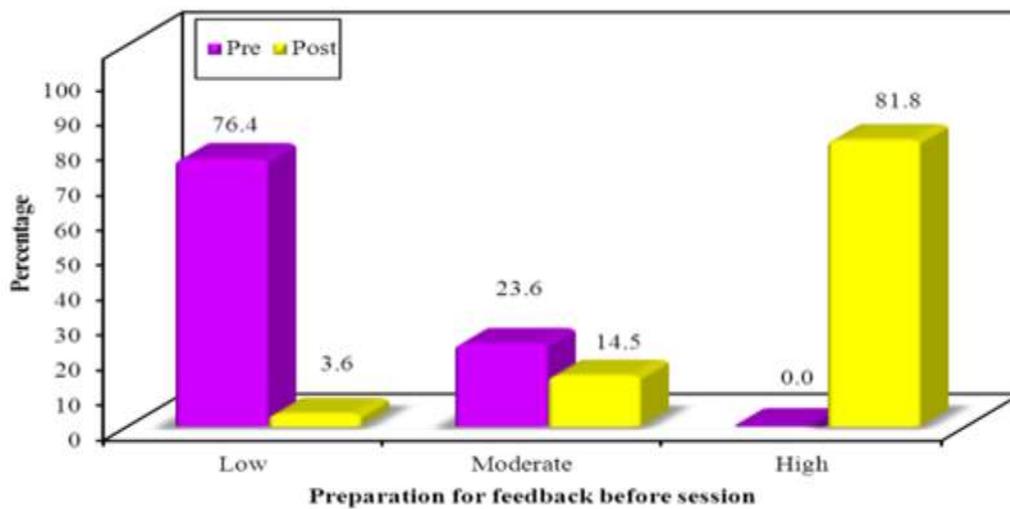


Figure (2): Levels of nursing demonstrators' total practice of preparation for feedback before session pre and post-program

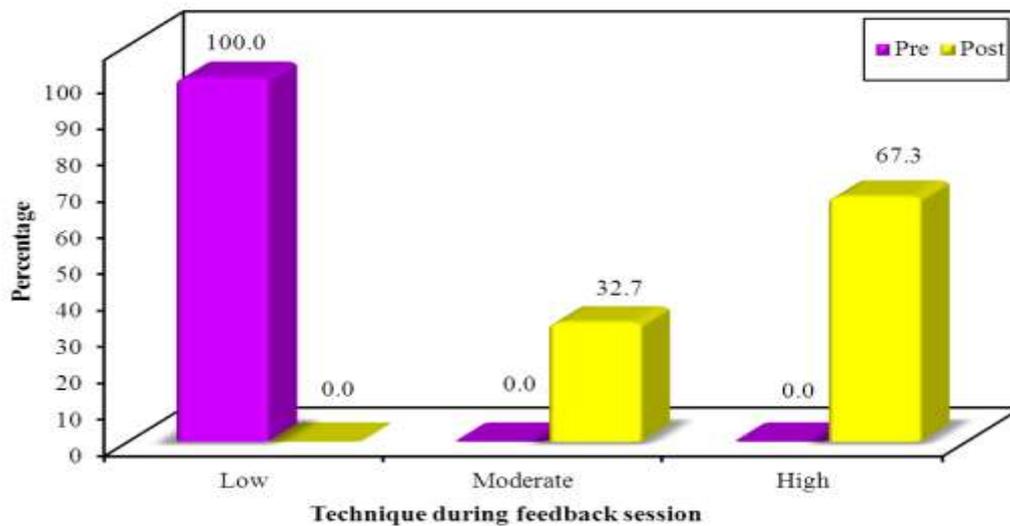


Figure (3): Levels of nursing demonstrators' total practice of technique during session pre and post-program (N=55)

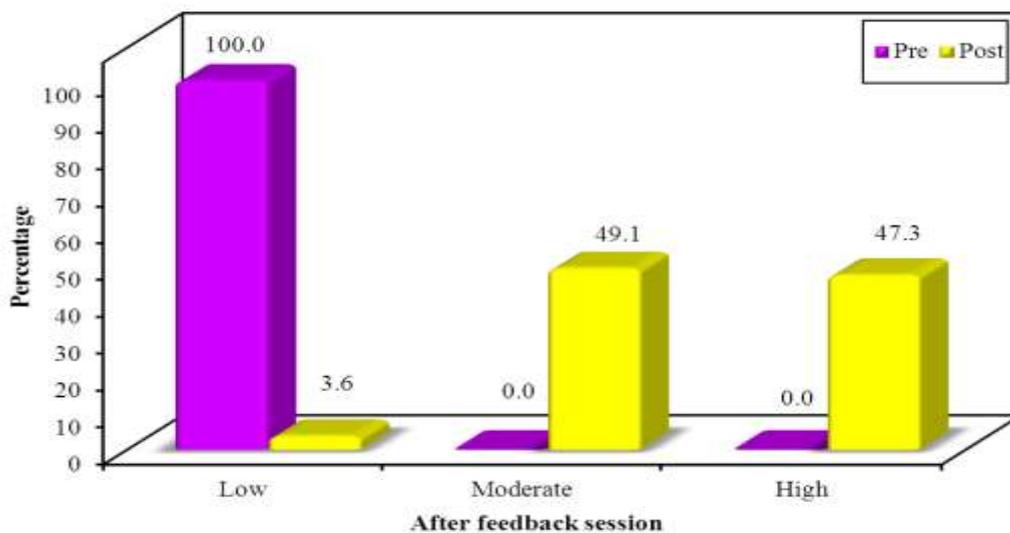


Figure (4): Levels of nursing demonstrators' total practice on after feedback session pre and post-program

Table (5): Total knowledge level and mean scores of nursing demonstrators about students' performance assessment feedback pre and post-program

Total knowledge level	Nursing demonstrators (N=55)				χ^2 P
	Pre-program		Post-program		
	N	%	N	%	
Low	44	80.0	0	0.0	125.858 0.001*
Moderate	10	18.2	4	7.3	
High	1	1.8	51	92.7	
Mean \pm SD	13.164 \pm 13.911		52.691 \pm 4.426		t=-24.616 P=0.001*

* Significant at P < 0.05

Table (6): Levels of nursing demonstrators' total knowledge of students' performance assessment feedback pre and post-program

Knowledge domain	The studied nursing demonstrators (n=55)						χ^2 P	
		Pre			Post			
		High	Moderate	Low	High	Moderate		Low
– Meaning, attributes and role.	N	7	4	44	49	6	0	96.834 0.001*
	%	12.7%	7.3%	80.0%	89.1%	10.9%	0.0%	
– Focus and Principles	N	6	8	41	45	10	0	90.816 0.001*
	%	10.9%	14.5%	74.5%	81.8%	18.2%	0.0%	
– Standard technique	N	8	8	39	51	4	0	90.384 0.001*
	%	14.5%	14.5%	70.9%	92.7%	7.3%	0.0%	
– Barriers for giving feedback and solutions.	N	4	12	39	49	6	0	101.216 0.001*
	%	7.3%	21.8%	70.9%	89.1%	10.9%	0.0%	
– Scenario on standard technique	N	0	7	48	41	10	4	101.254 0.001*
	%	0.0%	12.7%	87.3%	74.5%	18.2%	7.3%	
– Documentation and follow up activities.	N	4	12	39	45	10	0	94.468 0.001*
	%	7.3%	21.8%	70.9%	81.8%	18.2%	0.0%	

IV. Discussion

Feedback is a key feature of the assessment process that contributes to enhancing the quality of students' learning. Unfortunately, nursing demonstrators who teach within nursing education often lack feedback skills which are important aspect of their teaching role. Therefore, teaching of feedback skills should form basic part of faculty training programs.

Assessment of nursing students' level of total performance for feedback given by demonstrators revealed that about half of nursing students reported moderate level of total performance which mean moderate students need. This results not in accordance with the low level of demonstrators' actual practice. Most probably those students had lack of awareness and confusion about the meaning of feedback and clinical evaluation. Really, they were less experienced in receiving feedback and cannot analyze their performance. Beside, their distress to express their opinion honestly to one of their nursing demonstrators or they might be answer the questionnaire friendly and not provide in-depth information.

Kashif et al (2014)⁽¹⁸⁾ support present study and revealed that students are not completely satisfied with the provision of feedback.

Kim et al (2014)⁽¹⁹⁾ found that only one third of the students were satisfied with the feedback that they received in the previous semester. Students wanted more systematic and timely feedback. **Teaching and Learning Quality Assurance Committee (2014)**⁽²⁰⁾ reported that students often point out that feedback is not always provided, is not detailed enough, does not tell them where they can improve, is received too late to be useful, and does not adequately explain why they have received certain results.

Contradict, **Abdelraheem and Fyle (2016)**⁽²¹⁾ revealed that students agree to some extent that the feedback they received was effective. And **Goeland Ellis (2011)**⁽²²⁾ indicated that overall satisfaction was quite high, as majority reported general satisfaction with the feedback that they had received during the social work program.

Present study nursing demonstrators' level of practice and knowledge about students' performance assessment feedback revealed that pre-program, majority of nursing demonstrators showed low level of practice and knowledge. This explained by their inadequacies in preparation, technique and after feedback. As well as, their low level of knowledge about meaning, attributes, role, principles and techniques of feedback. While, they cannot identify barriers for giving feedback to prevent them and do not recognize follow up activities of feedback.

Beside, they may be fear of hurting the students' feeling or inability to properly convey their comments as feedback to students. Also, nursing demonstrators' may have had poor experiences with feedback or not understand the elements of effective feedback or its importance in clinical nursing education therefore do not use it as often as they should.

Zakaria (2018)⁽²³⁾ support present study results and revealed that preprogram two third of nursing demonstrators have unsatisfied or fair level of total performance of provide effective feedback. Also, present finding is supported by **Musick (2014)**⁽²⁴⁾ whom reported that faculty there may be a lack of knowledge concerning the importance of feedback and how to give/ receive it.

While, **Ismail et al (2016)**⁽²⁵⁾ not support present results finding and reported that the teaching behaviors with the most frequency use were: stimulates what is important; provides frequent feedback on students' performance; gives instruction to students' level of readiness and has a good sense of humor.

Data of present study revealed that none of nursing demonstrators showed high level of total practice on total preparation for feedback before session pre-program. But they showed weakness by their low level of practice and low level of knowledge about principle and standard technique of students' performance assessment feedback. This weakness might be due to limited formal preparation and orientation in their responsibilities for preparing feedback session.

For example, pre-program none of nursing demonstrators had high level of total practice of education of students before feedback session. Actually, they not notify students about feedback that will be given, not explain the purpose of feedback session, not inform students about ground rules of feedback session or inform students about guidelines for receiving feedback. They not provide students with a copy of the evaluation criteria as well as, not discuss goals of learning experience with students or explain the evaluation criteria.

Present study was supported by **Zakaria (2018)**⁽²³⁾ finding and revealed that around half and more than half of nursing demonstrators not discuss clinical experience with students as well as not orient students to evaluation sheet in each clinical area. Also, **Corrin and Barba (2017)**⁽²⁶⁾ revealed that there was diversity across the understandings about what constituted feedback among the student participants.

Contrary to **Hepplestone and Chikwa (2014)**⁽²⁷⁾ study explained that the students were able to identify and recognize what feedback is and how it should be used.

This present study revealed that pre-program none of nursing demonstrators showed high level of practice on total technique during feedback session. The fact those nursing demonstrators showed low level of practice correlated positively with their low knowledge. So, they gave incorrect answer about principles and scenario of standard technique of student performance assessment feedback. They were at low level of all items of technique during feedback session including quantity, quality and content of feedback.

Plakht et al (2013)⁽²⁸⁾ explained that high-quality positive feedback is associated with higher grades, higher contribution of the clinical practice to the student and over-self-evaluation whereas high-quality negative feedback is related to an accurate self-evaluation of the students' performance. Teachers should pay more attention to administering high-quality positive and negative feedback.

Harden and Laidlaw (2013)⁽²⁹⁾ assert that effective learning is underpinned by providing feedback that reinforces and clarifies expectations as well as guides and corrects to improve performance.

Pre-program none of nursing demonstrators at present study had high level of total practice of quantity of feedback. Actually majority of those nursing demonstrators not give feedback about two or three main points each time, not give feedback with enough details and not prioritize feedback on the most important point(s). Those nursing demonstrators need to know that to deliver effective feedback session they would focus on no more than 2-3 key points, and provide a balance between those things and continue to do needed positive or negative feedback.

Hepplestone and Chikwa (2014)⁽²⁷⁾ support study finding and indicated that there was somewhat dissatisfaction with the amount of, and when they received feedback. As well as, **Ellis (2012)**⁽³⁰⁾ revealed that students reported that quantity of feedback provided is sometimes inadequate and not sufficiently detailed to be helpful.

Kogan et al (2012)⁽³¹⁾ reported that some faculty members shared all of their observations and did not seem to focus or prioritize their feedback. While, **Jones & Blankenship (2014)**⁽³²⁾ not support the present finding and found that majority of students indicated they were satisfied with the amount of feedback received.

Pre-program, none of nursing demonstrators had high level of total after feedback practice. Mostly these because nursing demonstrators have low level of knowledge and incorrect answer about various items of documentation and follow up activities of feedback.

Actually those nursing demonstrators not ask the student for ideas regarding improve the performance, not suggest specific strategies or resources to improve the performance or not offer help with specific problems. Also, they not suggest follow-up work and references, as well as not set a date for the next feedback session if required and not document the feedback session.

Hepplestone (2014)⁽³³⁾ found that students made connections between feedback received and future work or learning. Also, **Price et al. (2010)**⁽³⁴⁾ identified the applicability of the feedback to be important and that students are often frustrated when they cannot see connections between modules. While, **Alamis (2010)**⁽³⁵⁾ indicated that students showed resistance when advice was worded in the form of imperatives rather than suggestions.

Shaughness, et al (2017)⁽³⁶⁾ stated that within medical education, traditional verbal feedback is not formally recorded, and there is a paucity of data about the quality or content of feedback provided to medical students. **Burgess and Mellis (2015)**⁽³⁷⁾ reported that clinical tutors fail to give effective feedback may appear to be limited space and time for recording feedback on feedback forms.

In contrast, **Beer and Martensson (2015)**⁽³⁸⁾ revealed that students who obtained higher grades in the final practical examinations received more corrective feedback with suggestions on how to improve from their supervisors. Confirmative feedback alone may not be sufficient for improving the clinical reasoning skills of students. The students' responses indicate that they respected and learnt from supervisors who were experienced as competent in their field of practice, who gave specific feedback, and facilitated their clinical reasoning skills to arrive at optimal solutions for goal achievement.

Result of present study post program implementation revealed that there was significant improvement in nursing demonstrators' knowledge and practice about students' performance assessment feedback. The fact is that the knowledge and practice level were low pre-program implementation, but it was significantly increased to become at high level post-program. This improvement in present study could have resulted from utilizing creative teaching approaches that can facilitate the interactions and collaboration in the learning process This is in line with the main principles and instructional methods recommended for effective learning and faculty development programs

Yet, the program was based on participants' needs and tailored to working environment specificities. It included sequenced and multifaceted learning sessions and offered opportunities to observe, practice, reflect and receive feedback on skills learned in individual and small group sessions. Where, the feedback sessions provide an opportunity for nursing demonstrators to put themselves under the microscope in front of their peers and to be receptive towards the critique of how feedback in their teaching practices. Additionally, program provides nursing demonstrators with an opportunity to review their practices, get an objective insight into it and adjust their practices accordingly in the light of peers' opinions in an environment that may be is more comfortable than real life settings.

Zakaria (2018)⁽²³⁾ support present study findings and revealed that nursing demonstrators performance in all items of provide feedback was statistically significant improved at immediately and 3 months post educational program. **Minehart, et al (2014)**⁽³⁹⁾ revealed that quality of faculty feedback to a simulated resident was improved in the interventional group in a number of areas after a 1-h educational intervention, and this short intervention allowed a group of faculty to overcome enough discomfort in addressing a professionalism lapse to discuss it directly.

Mookherjee (2014)⁽⁴⁰⁾ found that confidence in giving feedback, receiving feedback, and teaching efficacy increased significantly post than pre-program. **Perron et al (2013)**⁽⁴¹⁾ study support the present study results and indicated that after intervention, the level of self-perceived knowledge in feedback skills and teaching skills increased in a statistically significantly way in the intervention group. The intervention group improved significantly after training in most categories and dimensions of the feedback.

Essentially demonstrators now have the skills and competence to provide constructive feedback to students on their achievements and assist them in identifying future learning needs and action throughout their clinical placement experience. Really that students' performance assessment feedback program assist them maintain and enhance feedback skills and ensures them upholds their legal and professional responsibility to support and educate their nursing students in clinical practice and help them take informed action for their future learning and development.

V. Conclusion & Recommendation

Nursing students at Faculty of Nursing, Tanta University showed moderate level of students need for assessment of performance of feedback given by nursing demonstrators. While, their nursing demonstrators showed low level of knowledge and practice in preparation for feedback before sessions, technique during

session and after session. They were lacking skills in assessment feedback but really implementing carefully designed program on assessment feedback significantly improved their knowledge and practice of standard technique for session of students' performance assessment feedback.

Apparently, nursing demonstrators at their department need orientation program and periodical follow up support intervention to help them develop their assessment feedback skills to nursing students in clinical areas. So we recommended withconduct regular periodical enhancement programs for nursing demonstrators to maximize their feedback skillsAlso, conduct workshops for nursing demonstrators on their role in giving effective feedback.

References

- [1]. Salamonson, Y and et al. Unraveling the Complexities of Nursing Students' Feedback on the Clinical Learning Environment: Methods Approach. *Nursing Education Today*.2014; 35 (1): 206-211.
- [2]. Annita's Story – Improving Quality of Feedback to Students. *Tools for Re-imagining Learning*. Institute for Adult Learning.2012.
- [3]. Morris J. and Stew G. What is the Impact of Feedback as a Central Part of Formative Assessment on Physiotherapy Student Who Have Multiple Educators?. *The Higher Education Academy*. 2013; 1 (1): 77-89.
- [4]. Wells L. and McLaughlin M. Fitness to Practice and Feedback to Students: A Literature Review. *Nursing Education in Practice*. 2014; 14: 137-141.
- [5]. Lloyd M. and et al. How to Give and Receive Construction Feedback. *Pharmaceutical Journal*. 2016;1-6.
- [6]. Plakht Y. and et al. The Association of Positive and Negative Feedback with Clinical Performance, Self-Evaluation and Practice Construction of Nursing Students. *Nurse Education Today*.2013;33: 1264-1268
- [7]. London M. *The Power of Feedback. Giving, Seeking, and Using Facebook for Performance Improvement*. Routledge, New York, 2015.
- [8]. Archer JC. State of the Science in Health Professionals Education: Effective Feedback. *Med Educ* 2010;44:101-108.
- [9]. Barnum M. and et al. Questioning and Feedback in Athletic Training Clinical Education. *Athletic Education Journal*; 2010;4(1):23-2).
- [10]. *Clinical Educators Manual*. School of physiotherapy. ACU Health science. 2014;1-52
- [11]. Radhakrishnan R. and et al. Structured Facebook: A Tool for Teaching and Learning.The Pennsylvania State University. 2010. Available at https://www.nateachers.org/.../Jun10_3_Structured_Facebook_A_...
- [12]. Duffy K. Providing Constructive Facebook to Students During Mentoring. *Nursing Standard*. 2013;27 (31): 50-56.
- [13]. Race P. *Making Learning Happen*. 2nd ed. London: Sage Publications 2010.
- [14]. Campos S. *With s Stopping Them? A Study of Teachers' Use of Formative Facebook with Students Learning in the Clinical Setting*. Doctoral Thesis Capella University. 2013.
- [15]. Kaye A. and et al. Clinical Performance Facebook and Quality Improvement Opportunities for Preoperative Physicians. *Advances in Medical Education and Practice*. 2014; 5: 115-123.
- [16]. Poblete-Lopez CH. *The Art of Giving Facebook Dermatology & Plastic Surgery Institute*. Annual Meeting. 2015.
- [17]. Lefroy J. and et al. Guidelines: the Do's, Don'ts and Don't Knows of Feedback for Clinical Education. *Perspect Med Educ*. 2015; 4:284–299.
- [18]. Kashif M. and et al. Pakistani Higher Degree Students' Views of Feedback on Assessment: Qualitative Study. *The International Journal of Management Education*. 2014; 12: 104-114.
- [19]. Kim J. and et al. What Kind of Feedback Do Medical Students Want? *Korean J Med Educ*. 2014; 26(3): 231-234.
- [20]. Doughney L. *Teaching and Learning Quality Assurance Committee (TALQAC)*. Centre for the Study of Higher Education. 2014.
- [21]. Abdelraheem A. and Fyle C. Omani Students' Perceptions of Effectiveness of Formative Feedback. *Int. J. Learn. Man. Sys*.2016; 4(1): 1-8.
- [22]. Goel K. and Ellis B. Does Feedback Enhance Learning? Regional Students' Perception and Experiences of Feedback in a Social Work Program. *Assessment Conference 2011: Meeting the Challenges*. 2011.
- [23]. Zakaria Z. *Clinical Teaching Competence of Nursing Demonstrators at Faculty of Nursing Post Intervention Program*. Unpublished Doctoral Thesis. Tanta University. Faculty of Nursing. 2018. 107.
- [24]. Musick D. *The Effective Use of Feedback Health Professions Teaching*. Rio de Janeiro, 2014;13(4):67-72.
- [25]. Ismail L. and et al. Clinical Instructor's Behavior: Nursing Student's Perception Toward Effective clinical Instructor's Characteristics . *Journal of Nursing Education and Practice*.2016; 6(2): 96 -104.
- [26]. Corrin L. and Barba P. *Understanding Students' Views on Feedback to Inform the Development of Technology-Supported Feedback Systems*. University of Southern Queensland.2017.
- [27]. Hepplestone S. and Chikwa G. Understanding How Students Process and Use Feedback to Support their Learning. *Practitioner Research in Higher Education*. 2014; 8(1):41-53.
- [28]. Plakht Y. and et al. The Association of Positive and Negative Feedback with Clinical Performance, Self-evaluation and Practice Contribution of Nursing Students. *Nurse Education Today*. 2013; 33: 1264–1268.
- [29]. Harden M and Laidlaw M. Be Fair to Students: Four Principles that Lead to More Effective Learning. *Medical Teacher*. 2013; 35(1):27-31.
- [30]. Ellis B. *Developing a Mutually Beneficial Approach to Providing University Students with Effective Feedback*. University of South Australia.2012.
- [31]. Kogan J. and et al. Faculty Staff Perceptions of Feedback to Residents After Direct Observation of Clinical Skills. *Medical Education*. 2012; 46: 201–215.
- [32]. Jones I. and Blankenship D. What Do You Mean You Never Got any Feedback? *Research in Higher Education Journal*. 2014; 24: 1-9.
- [33]. Hepplestone S. Understanding How Students Process and Use Feedback to Support their Learning. *Practitioner Research in Higher Education*.2014; 8 (1): 41-53.
- [34]. Price M. and et al. Feedback: All That Effort, But What Is the Effect? *Assessment & Evaluation in Higher Education*. 2010; 35(3): 277–289.
- [35]. Alamis M.P. Evaluating Students' Reactions and Responses to Teachers' Written Feedbacks. *Philippine ESL Journal*. 2010; 5: 40–57.
- [36]. Shaughness G. and et al. Assessment of Clinical Feedback Given to Medical Students Via an Electronic Feedback System. *Journal of Surgical Research* .2017; 7 (218): 174 -179.

- [37]. Burgess A. and Mellis C. Feedback and Assessment for Clinical Placements: Achieving the Right Balance. *Advances in Medical Education and Practice*. 2015; 6: 373–381.
- [38]. Beer M. and Martensson L. Feedback on Students' Clinical Reasoning Skills during Fieldwork Education. *Australian Occupational Therapy Journal*. 2015; 62: 255–264.
- [39]. Minehart R. and et al. Improving Faculty Feedback to Resident Trainees during a Simulated Case a Randomized, Controlled Trial of an Educational Intervention. *Anesthesiology*. 2014; 120 (1):160-171.
- [40]. Mookherjee S. and et al. Faculty Development for Hospitalists: Structured Peer Observation of Teaching. *Journal of Hospital Medicine*. 2014; 9 (4):244-250.
- [41]. Perron N. and et al. Feedback during Formative OSCEs Depends on the Tutors' Profile. *Medical Education*. 2016; 16:293.

Seham Aly Mahmoud "Efficacy Of Program About Students' Performance Assessment Feedback On Knowledge And Practices Of Nursing Demonstrators." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)* , vol. 7, no.4 , 2018, pp. 36-47.