
Abstract
The need to provide students with regular feedback on their performance is integral to the assessment process, but not all mentors feel confident to do this. This article highlights the benefits of providing constructive feedback for both the mentor and the student. Five principles associated with giving constructive feedback are discussed. The importance of preparing for feedback, ensuring it is provided in a timely manner and being specific are emphasised. Development opportunities to enhance mentors’ skills in giving feedback that is beneficial to the student are also discussed.

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Introduction
Walsh (2010) indicated that providing feedback is a vital aspect of supporting a student in practice. This is articulated in the Nursing and Midwifery Council’s (NMC) (2008) Standards to Support Learning and Assessment in Practice, which states that: ‘Mentors are responsible and accountable for… supervising students
in learning situations and providing them with constructive feedback on their achievements.’ It is essential that mentors have the skills and competence to ‘provide constructive feedback to students and assist them in identifying future learning needs and actions’ (NMC 2008).

**Complete time out activity 1**

Students should be given constructive verbal and written feedback. Mentors also have a role in providing feedback to programme providers. External examiners seek feedback from mentors as part of quality assurance processes associated with undergraduate nursing and midwifery programmes. They analyse mentors’ written feedback within ongoing achievement records and visit placement areas to ascertain mentors’ views of the support they receive from programme providers. Mentors may also be asked to provide feedback as part of programme monitoring undertaken by representatives of the NMC or as part of a review of the design of a programme. Mentors may need to give feedback to team members who are also helping to support a student in practice. As part of enhancing the learning environment, mentors should observe how well team members carry out this aspect of their role and provide feedback to them. These aspects of the mentor’s role require feedback to be given in a constructive manner.

**Defining constructive feedback**

There are many definitions of feedback and two are offered here. Murray *et al* (2010) described feedback as ‘the situation when output from (or information about the result of) an event in the past will influence the same event in the present or the future’. This definition emphasises the development opportunities afforded in providing feedback. The Practice Education Group (2005) defined giving feedback as ‘the process of telling another individual how they are perceived, hinting at the emotional aspects involved in providing feedback’. Words associated with the term constructive include helpful, practical, productive, useful and valuable. Mentors will be required to provide positive and negative feedback to students and, as Clynes and Raftery (2008) suggested this should be constructive and not destructive in nature.

**Complete time out activity 2**

Walsh (2010) identified that providing feedback is an area with which many mentors are uncomfortable. The Practice Education Group (2005) also highlighted that providing constructive feedback can be a source of anxiety for both the mentor and the student.

**Constructive feedback skills**

Evidence from pre-registration students highlights that they often find it difficult to get mentors to provide constructive feedback and that there is inconsistency in the amount, type and timing of feedback given. Gray and Smith (2000) pointed out that students want consistent, genuine feedback because they do not want to ‘carry on doing it wrong’. Students are critical of mentors who provide generalised, superficial feedback such as ‘you’re doing well’ or ‘you will make a good midwife’ (Donaldson and Carter 2005, Aston and Hallam 2011). Students want feedback that addresses positive and negative aspects of their practice so that they can identify progress and any areas that require further development.

**Benefits of constructive feedback**

The need to provide students with regular constructive feedback on their performance is a key component of student assessment. Mentors are required to assess and provide feedback on such aspects as the students’ applied knowledge base, interpersonal skills, attitude, psychomotor skills, professionalism, safety and motivation for professional development. Continuous assessment is an ongoing process throughout the students’ practice placement experience where regular ‘snapshots’ are taken of students’ practice and feedback is given frequently. During this time, constructive feedback occurs formally and informally.

The frequency of formal feedback sessions during a practice placement are determined by each academic institution and detailed within the assessment documentation. Feedback sessions can vary from weekly to a minimum of three sessions, including an initial interview, a mid-placement interview and a final interview (Duffy and Hardicre 2007a). However, feedback in addition to these formal sessions is essential for student development.

Constructive feedback aims to promote improvement or development of the person...
receiving feedback. Regular constructive feedback has many benefits. It can help students maintain and increase their motivation, increase their confidence and self-esteem, improve interpersonal relationships, promote personal development, develop teamwork and increase competence, thereby enhancing the quality of care delivered to patients (Hathaway 1997, Spouse 2000, Clynes 2008, Plakht et al 2012). There are also benefits for mentors. Clynes and Raftery (2008) cited enhanced communication and interpersonal skills as well as a sense of personal satisfaction for mentors. However, despite the acknowledged benefits of constructive feedback, mentors have expressed difficulty in knowing how to provide feedback in a constructive way (Duffy 2003, Luhanga et al 2008).

In time out activity three, you may have selected phrases two and four. Although phrase four provides encouragement for the student, further detail would be required to know exactly which learning objectives the mentor is referring to. While phrase two provides positive reinforcement as well as scope for improvement, further development to ensure the feedback is phrased constructively is required. Given that providing constructive feedback is a requirement of the assessment process and is fundamental to student development, five principles for providing constructive feedback are presented.

Five principles for providing constructive feedback

Principle 1 — set realistic goals
Before you provide constructive feedback, let the student know your expectations. If you do not share your expectations, you have no grounds on which to base your evaluation and subsequent feedback (Hathaway 1997). Often, it is assumed that students understand what is expected of them. However, students meet many mentors and are exposed to a variety of practice areas where expectations may differ. For example, infection control principles apply across different practice placement areas, but the practicalities of carrying out infection control where someone lives are different to those in a theatre environment. Therefore, although you can expect the student to transfer previous knowledge of infection control to their practice area before providing constructive feedback in relation to this aspect of practice.

All practice placement assessment documents are based on the Standards for Pre-registration Midwifery Education (NMC 2009) or Standards for Pre-registration Nursing Education (NMC 2010), but the way in which they are presented as learning outcomes in an assessment document can vary markedly from one academic institution to another (Lauder et al 2008). As assessment documents differ, it is important to be familiar with the learning outcomes that the student is required to achieve during the practice placement so your feedback is based on these. This is why the initial interview, usually conducted within 48 hours of the student arriving in placement, is important. As Duffy and Hardicre (2007a) suggested, this is a vital meeting to discuss learning needs and sometimes the specific learning difficulties of the student.

It is important to take time to review the student’s ongoing record of achievement as previous mentors and/or the student’s personal tutors may have highlighted areas for improvement. Ask the student if there are any particular areas of practice he or she would like to receive feedback on. If you establish agreed realistic goals based on the learning outcomes, you will find that when you do provide feedback the student will be more likely to respond to the feedback and act on it. It is also less likely that the student will take your comments personally.

Principle 2 — gauge student expectations of feedback
It is important to remember that students may not be used to receiving feedback or their previous experience of feedback may have been poor. Past experiences can influence how students respond to feedback.

A statement by a participant in a study by Donaldson and Carter (2005) illustrated the effects of feedback when provided poorly by a mentor. The student commented ‘…it was the worst experience I ever had… After that I was very nervous about doing that kind of thing [catheterisation] again. If anything came up I stayed out of the way of it.’ It is recognised
that some mentors may be viewed as ‘toxic’ (Darling 1986), providing critical feedback as a power play, to lower the self-esteem of the student or to make themselves seem important. Therefore, gauging the student’s expectation of feedback is important. Agreeing the format of giving and receiving feedback and how often ensures that students are prepared for constructive feedback.

It is important to discuss with the student how you would like to receive feedback. All nursing and midwifery students require feedback skills for entry to the register (NMC 2009, 2010) and therefore need to develop the ability not only to receive feedback and act on it, but also to acquire the skill of providing constructive feedback to colleagues, relatives and patients. If you, as a mentor, are not willing to receive feedback, then you will not be a role model for students. Encouraging constructive feedback by students can contribute to your personal development as a mentor.

Principle 3 – gather information on student practice
To provide the student with constructive feedback, you must have accurate information on which to base your feedback (Appold 2007). Working alongside and directly or indirectly observing the student in practice will provide opportunities to gather evidence. A student’s verbal responses to questioning, reflective discussions with the student and written evidence, for example nursing notes as well as discussion with team members, relatives and patients, provide further sources of information on which to base accurate constructive feedback to the student (Price 2012).

Donaldson and Carter (2005) stressed that it is important that ‘mistakes and/or unsuccessful attempts at a skill are handled in such a way that the student will have confidence to repeat the practice’. Therefore, as a mentor, it is important to think about how you will deliver your comments constructively. You may find it useful to gather information about the various ways in which constructive feedback can be approached with a student. There have been several models developed for providing constructive feedback such as the BOOST (GoodPractice 2013) and TELL feedback models (Hamid and Mahmood 2010).

One of the most commonly cited models is the sandwich model (Clynes and Raftery 2008, Walsh 2010). This model considers it good practice to provide positive feedback first and last, while raising areas for improvement in the middle of a feedback session. However, if you have negative feedback, then consider providing it first. Hathaway (1997) suggested that if people anticipate bad news, they often fail to hear the positive messages of the feedback. By discussing areas for improvement first, students can then listen to the positive messages.

Another factor to consider when preparing to provide feedback is non-verbal communication. You may plan to deliver your feedback constructively, but your body language and actions may indicate otherwise. Walsh (2010) emphasised that non-verbal cues are as important as verbal communication, because conveying a message relies as much on posture, eye contact and tone of voice as the actual words used. Ensuring privacy when giving feedback is vital (Bhattarai 2007) as is allocating enough time to deliver the feedback. While gathering information and preparation are important for quality feedback, immediacy is also essential.

Principle 4 – act immediately
Donaldson and Carter (2005) pointed out that students depend on mentors to provide them with timely and constructive feedback to encourage learning and competence in practice. Feedback should be provided as closely as possible to an event in practice to have the greatest effect (Royal College of Nursing (RCN) 2007). If a student has done something well, praise him or her for it. Similarly, if a student is underperforming, he or she requires timely feedback as close as possible to the event and not at a formal feedback session, which may be several days or weeks later.

As a mentor, you most often provide situational feedback, which is feedback directly related to a clinical situation. Carlson et al (2009) regarded situational feedback as vital for students, but Bienstock et al (2007) suggested that one of the most problematic aspects of ongoing situational feedback is that students may not recognise the information they receive as feedback. Making it clear to students at the initial interview that feedback takes place regularly in clinical situations clarifies the function of feedback. Immediate situational feedback can have other benefits in that it
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can reassure the patient that a student is performing competently or alternatively that a student is being supported and supervised in practice.

Sometimes, you may have to consider your timing. Some feedback cannot be provided immediately, for example in emergency situations, and the nearest opportunity needs to be taken to provide feedback to the student. On other occasions, you may have to intervene to protect the wellbeing of a patient, for example if the student is dispensing an incorrect drug dose to a patient. In such situations, it can be difficult to provide constructive feedback immediately as you have to intervene to prevent harm.

You might find it useful to use prompts such as: ‘You may wish to check that dose again,’ to stimulate student insight at the critical moment, and provide more specific constructive feedback once the situation is over.

**Principle 5 – be specific**

A key feature of providing constructive feedback is to be specific. It is important to tell the student in specific descriptive terms what behaviours were right, how you feel about the behaviour and the effect of that behaviour (Appold 2007). When delivering positive constructive feedback, if framed with reference to the student’s learning outcomes, giving such detail encourages more of the same behaviour and aids development of the student’s confidence (Box 1).

At times you may be required to give negative comments. When providing constructive feedback in such situations, it is useful to encourage students to self-assess against the required learning outcomes for the placement (Duffy and Hardicre 2007b), and to let the student have the first say. This allows you to gauge whether the student has insight into his or her difficulties.

The same principle of being specific applies, and feedback should also be constructed to be a learning point (RCN 2007). In such situations, it is important to provide feedback against the criteria that you use to assess the student’s progress (Aston and Hallam 2011). Using ‘I’ is one of the recommended techniques to provide negative feedback. People have a tendency to use ‘you’ in such situations and make blaming statements such as ‘You are… You did not… Why are you always late for shifts?’ As a mentor you need to take responsibility, express your feelings and let the student know the effect of his or her behaviour on you. Use factual information while expressing your feelings, for example ‘I feel frustrated about… I feel concerned about…’ Talk about specific behaviour and give an example where possible. The student should be given a clear idea of exactly what is required and how to achieve it. Therefore, specify a corrective action as this allows the student to do something about the feedback, for example ‘In future please can you ensure…’ To conclude, it is important to reaffirm the student’s worth and ability to correct behaviour, perhaps by saying ‘I have confidence that you can…’ An example of negative constructive feedback is provided in Box 2.

Addressing feedback in this manner allows you to express your concerns and request a specific new behaviour from the student. It points out the rationale for requesting the new behaviour and ends by affirming the student’s worth.

**Factors affecting constructive feedback**

Within the culture of nursing, positive feedback is not provided as often as it should be, and in the rush of everyday practice constructive feedback between mentor and student can be lacking. Offering no feedback leaves students with the view that ‘no news is good news’, which may not always be the case.

Aston and Hallam (2011) highlighted that some mentors are reluctant to provide

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**BOX 1**

Example of positive constructive feedback

‘I was pleased to see how well you provided information to Jane today. The advice you gave her regarding weaning was based on the latest evidence and the approach you took, sitting down next to her, maintaining eye contact throughout, asking her what questions she had, answering them clearly and giving her written information, was excellent. It fits in with the essential skills cluster around the support on feeding babies and teaching women about the importance of nutrition in child development. Well done.’

**BOX 2**

Example of negative constructive feedback

‘I am concerned that the patient felt ignored because you were talking to each other rather than him. In future, please ensure that you talk with the patient when providing care. Talking with the patient, by involving the patient in everyday conversation or perhaps discussing what has been in the news or the papers, is important. I’m confident that I’ll be able to rely on you to lead the way since you are due to qualify in a few months and will then be seen be a role model for other members of the nursing team.’

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Aston and Hallam (2011) highlighted that some mentors are reluctant to provide
negative feedback for fear they will not be liked or are concerned that it may damage the mentor-student relationship. Others do not feel confident in providing feedback. Mentors in Duffy’s (2003) study cited such reasons for not raising and addressing concerns about student practice.

Constructive feedback skills are vital when dealing with a student who is underperforming. Providing constructive feedback early in a placement and in a regular manner is important to give the student a chance to rectify a deficit that might lead to potential failure. Raising awareness by providing comprehensive, constructive feedback early on can bring about change in a student’s performance (Kramer and Stern 1995). Key to supporting an underperforming student is identifying any problem areas early and ensuring that there is sufficient time and guidance to do something about them. Walsh (2010) discussed how to support failing students and offered guidance on providing feedback in such situations (Box 3).

**Giving constructive written feedback**

A mentor not only provides constructive feedback verbally, but also provides written feedback in the student’s ongoing record of achievement (NMC 2009, 2010). This documentation requires mentors to provide constructive feedback on the student’s performance for the next mentor, particularly in areas where the student requires further improvement. Documentation is also reviewed by the student’s personal tutor and other members of university assessment boards as part of the quality assurance process. Words should be chosen carefully because the student, and others, will have an opportunity to re-read the feedback (Hathaway 1997).

As with verbal feedback, it is important to include specific examples. Writing a statement such as ‘… needs to further develop documentation skills’, does not provide constructive feedback for either the student or the next mentor. It would be more useful to highlight some of the specific aspects of documentation skills that require further development, for example terminology, spelling, legibility, use of abbreviations or knowledge of guidance on record keeping.

A positive tone should be used and positive statements included in the conclusion. Strategies outlined for verbal feedback, for example in the sandwich technique, can be transferred and used in written feedback. Similar to verbal feedback, written feedback is most helpful to the student if provided regularly so that the student has an opportunity to respond, address concerns and improve practice.

**Development opportunities**

Duffy (2003) identified that mentors needed practical help with providing constructive feedback when dealing with students who are at risk of failing. Respondents in a study by Veeramah (2012), in which the effectiveness of a mentor preparation programme was evaluated, requested more input and training on how to deal with difficult students.

Mentors have to demonstrate through triennial review how they have maintained ongoing competence in the role. There are several ways to maintain and enhance constructive feedback skills. It is important to look for guidance on mentorship websites, consider undertaking a short course on providing feedback or dealing with difficult conversations, or seek opportunities to shadow a more experienced mentor who can role model these skills. It may be worth considering forming a group with other mentors or colleagues and through activities, such as reviewing relevant mentorship articles, practice giving feedback to one another within a supportive environment.

Being open and receptive to constructive feedback will assist mentoring development. Nursing and other allied health professional colleagues, managers, local practice education

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**BOX 3**

**Key aspects of giving feedback**

- Feedback should:
  - Invite self-assessment.
  - Be positive.
  - Be balanced.
  - Be timely and expected.
  - Be open, honest and objective.
  - Be thorough.
  - Be clear and specific.
  - Be motivating.
  - Be private.
  - Be unhurried.
  - Invite feedback.
  - Be recorded.

(Adapted from Walsh 2010)
facilitators or link lecturers could be approached to provide constructive feedback on mentoring skills. Encouraging constructive feedback from students can also be used to inform mentors’ development.

Conclusion

Mentors are responsible for providing students with regular constructive feedback to ensure they are meeting their learning objectives. They are required to provide formal verbal and written feedback to students through initial, intermediate and final interviews, at a minimum. However, situational feedback is also essential.

Aston and Hallam (2011) highlighted that providing effective, honest and constructive feedback requires compassion, insight and tact. Students cannot improve if they are not given accurate and constructive feedback regarding their competence and progress. Therefore, maintaining and enhancing constructive feedback skills is vital to the role of mentor NS.

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