

## Araştırma makalesi

## Research article

# Multisource Reflections on Assessment of Nursing Students' First Clinical Practice and Predictions for 360-Degree Assessment: A Qualitative Study



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## ABSTRACT

**Aim:** This study was conducted to explain the current situation regarding the assessment of nursing students during their first clinical practice and to determine the views on 360-degree assessment, an innovative approach, from a multi-source perspective.

**Material and Methods:** In this qualitative case study, individual interviews were conducted with nine instructors, focus group interviews were conducted with twenty-three nursing students, and documents were examined. Data were collected between 7 August 2019–22 November 2020. The data were analyzed in line with the descriptive analysis approach.

**Results:** While reflections on the current situation were generated in line with the findings obtained from three data sources, the context of predictions on 360-degree assessment was generated in line with the findings obtained from interviews with students and instructors. Reflections on the current situation context are analyzed under assessors, competencies, methods and tools, feedback, challenges, and suggestions themes. Predictions on 360-degree assessment context are analyzed under assessors, frequency, tools, setting, benefits, and challenges themes.

**Conclusion:** According to the results of the data triangulation, the most important issues regarding the assessment of nursing students during first clinical practice were the high student/instructor ratio and the fact that only instructors are officially assessors. Instructors and students approached positively to the 360-degree assessment, but they also shared some concerns.

**Keywords:** 360° assessment, clinical placement, multisource feedback, nursing education, qualitative research

## ÖZ

**Hemşirelik Öğrencilerinin İlk Klinik Uygulamalarının Değerlendirilmesine İlişkin Çok Kaynaklı İncelemeler ve 360-Derece Değerlendirmeye İlişkin Öngörüler: Nitel Bir Çalışma**

**Amaç:** Bu çalışma, çok kaynaklı bir bakış açısıyla hemşirelik öğrencilerinin ilk klinik uygulamaları sırasında yapılan değerlendirilmeye ilişkin mevcut durumun açıklanması ve yenilikçi bir yaklaşım olan 360-derece değerlendirilmeye ilişkin görüşlerin belirlenmesi amacıyla gerçekleştirilmiştir.

**Gereç ve Yöntem:** Durum çalışması desenine sahip bu nitel çalışmada dokuz öğretim elemanı ile bireysel görüşme, yirmi üç hemşirelik öğrencisi ile odak grup görüşmesi ve doküman incelemesi gerçekleştirilmiştir. Veriler 7 Ağustos 2019-22 Kasım 2020 tarihleri arasında toplanmıştır. Veriler betimsel analiz yaklaşımı doğrultusunda analiz edilmiştir.

**Bulgular:** Mevcut durum üzerine yansımalar bağlamı üç veri kaynağından elde edilen bulgular doğrultusunda oluşturulurken, 360-derece değerlendirme üzerine öngörüler bağlamı öğrenciler ve öğretim elemanları ile yapılan görüşmelerden elde edilen bulgular doğrultusunda oluşturulmuştur. Mevcut durum üzerine yansımalar bağlamı değerlendiriciler, yetkinlikler, yöntemler ve araçlar, geribildirim, zorluklar ve öneriler; 360-derece değerlendirme üzerine öngörüler bağlamı ise değerlendiriciler, sıklık, araçlar, ortam, faydalar ve zorluklar temaları altında incelenmiştir.

**Sonuç:** Üç veri kaynağından elde edilen bulgulara göre ilk klinik uygulama sırasında hemşirelik öğrencilerinin değerlendirilmesinde öğrenci/öğretim elemanı oranının yüksek olması ve sadece öğretim elemanlarının yer alması en önemli sorunlar arasında yer almaktadır. Öğretim elemanları ve öğrenciler 360-derece değerlendirilmeye olumlu yaklaşmakta birlikte bazı endişelerini de paylaşmışlardır.

**Anahtar kelimeler:** 360° değerlendirme, çok kaynaklı geribildirim, hemşirelik eğitimi, klinik uygulama, nitel araştırma

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## INTRODUCTION

Clinical practice is one of the most essential and integral components of nursing education<sup>1</sup>. With the first clinical practice (FCP), the aim is for students to gain knowledge, skills, and attitudes in some competencies to provide safe and quality patient care<sup>2</sup>. Although these competencies differ, in their reviews, Wu et al. (2015)<sup>3</sup> and Immonen et al. (2019)<sup>4</sup> explained these competencies as professional development, ethical decision-making, communication and interpersonal relationships, nursing processes, and critical thinking. Students should be assessed accurately and reliably in clinical practice<sup>5,6</sup> to determine whether they have acquired these competencies.

Various methods and tools are used separately or in combination in assessing nursing students during FCP. Methods include observation (e.g., field notes), written assessment (e.g., nursing care plans), verbal assessment (e.g., case presentations), simulation, and self-assessment (e.g., diary)<sup>5,6</sup>. Regardless of which assessment strategy or tool is used, it is vital to consider the difficulties presented by the clinical setting, instructors, students, other healthcare professionals, and patients<sup>7-11</sup>. However, some innovative evaluation methods, organized in line with the difficulties and current clinical assessment needs, have come to the forefront recently. One of these methods is the 360-degree assessment<sup>12-14</sup>.

360-degree assessment is also referred to as 360-degree feedback, multi-source evaluation, and multi-source feedback<sup>15</sup>. 360-degree assessment has been used primarily in the industry, and in recent years, implementations in healthcare have also risen. With the 360-degree assessment, in addition to the instructor, nursing students are also assessed by stakeholders such as nurses, patients, peers, students themselves, patient relatives, and other healthcare professionals<sup>12-14</sup>. No specific measurement tool has been found in the literature for 360-degree evaluation. Measurement tools are generally developed in line with the need, or previously developed measurement tools are used<sup>16</sup>. The approaches of accreditation policies at an international level, such as in America<sup>17,18</sup> and Canada<sup>19</sup>, and at a national level<sup>20</sup>, have advanced the 360-degree assessment as necessary in ensuring and maintaining quality in nursing education.

Assessment of nursing students during FCP supports student development through feedback and determines whether the student has achieved the desired gains. In current conditions, both formative assessment and summative assessment approaches are used to assess students throughout FCP in our institution. Therefore, 360-degree assessment is not yet used during the assessment of students' FCP. However, it has been observed that difficulties arising for various reasons, such as an excess number of students, a shortage number of assessors, and limited practice time, unfavorably affect nursing students' assessments during FCP. For this reason, this study proposes that determining the current situation, discussing the problems, and suggesting solutions in assessing students during FCP will provide a reflective learning opportunity for

educational institutions, university hospitals, evaluators, and students. Reflection will create an awareness for change and development through which all stakeholders will benefit. In addition to revealing the current situation, the pulse check surveys for 360-degree assessment will determine the need and willingness to integrate into the assessment process.

### Aim

This study was conducted to explain the current situation with regard to nursing students' assessment during their FCP and determine the views on 360-degree assessment, an innovative assessment approach, from a multi-source perspective. For this purpose, responses to the following questions were sought:

In the assessment of nursing students during FCP:

- What is the current situation?
- What are the problems experienced?
- What are the suggestions regarding the problems experienced?
- What are the expectations regarding 360-degree assessment integration?

## METHODS

### Study Design

The case study, as a qualitative research design, was used in this study. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used in structuring and reporting this study<sup>21</sup>.

### Study Sample and Sampling Strategy

This study was conducted in the first professional practice course, Fundamentals of Nursing, in the Faculty of Nursing at a state university. In the Fundamentals of Nursing course context, first, theoretical knowledge is conveyed in class. Then, the students practice psychomotor skills in a clinical skills laboratory under a responsible instructor's supervision, and finally, they advance their clinical skills in clinical practice under the guidance of the same responsible instructor<sup>22</sup>. Within the formative assessment, instructors observe students, consider the documents they fill out, and give verbal and/or written feedback based on their performance during FCP. In addition, students receive verbal and/or written feedback from their peers, nurses, or patients; however, this can't be considered a structured assessment strategy. At the end of the FCP, students are summatively assessed only by their instructors in line with the criteria in the assessment form (100 points). This assessment form includes punctuality, dress code, communication, nursing care, participation in group discussions, documentation, etc.

In this study, data triangulation was provided with data obtained from three sources, namely instructors, students, and documents, to gain a more in-depth understanding of the factors related to the case of "assessment of nursing students during FCP". The study population consists of twelve instructors responsible for assessing nursing students during the spring semester of the 2018–2019 academic year and 200 first-year nursing students enrolled in the Fundamentals of Nursing course, participating in

clinical practice in the same period. The criterion sampling method was used for the inclusion of instructors. Eleven instructors who had participated in the clinical practice of the Fundamentals of Nursing course for a minimum of one year were the population of the study, and the study was carried out with nine volunteer instructors. The inclusion of the students in the study was on a voluntary basis. Thirty-seven students volunteered to participate in the study. However, nine were excluded, as they were in the researchers' clinical practice group. In addition, five students discontinued their studies due to personal issues (illness, scheduling, etc.), and the research was completed with twenty-three students. Focus groups were formed by random assignments with students from different responsible instructors, with seven to nine students in each group, using the maximum diversity sampling method. One of the sources providing data was the documents used as the assessment tools of students during their clinical practice.

**Data Collection**

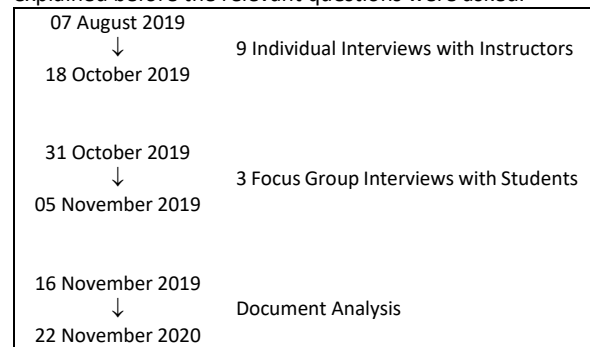
Semi-structured questions were prepared for interviews—separate individual interviews with faculty members and focus group interviews with students (See Table 1).

**Table 1: Interview Questions**

Interview Questions for Instructors
1. How long have you been an instructor in clinical practice?
2. Have you received training on measurement and evaluation?
3. How do you assess students in clinical practice?
4. How do you observe students in clinical practice?
5. Who is involved in the assessment of students in clinical practice?
6. What criteria do you use to assess the students in clinical practice?
7. How do you give feedback to students in clinical practice?
8. What problems do you experience while assessing students in clinical practice?
9. What is your estimation about the 360-degree assessment?
10. How can it contribute to student development if 360-degree assessment is used?
11. If 360-degree assessment is used, how should the assessment be (electronic or printed)?
Interview Questions for Students
1. How were you assessed in clinical practice?
2. How did you get feedback in clinical practice?
3. How have you been observed in clinical practice?
4. By whom were you assessed during clinical practice?
5. How do you think you should be assessed in clinical practice?
6. Would you like to be assessed with 360-degree assessment?
7. Who should be included as an assessor in the 360-degree assessment?
8. In which environment (word, simulation center etc.) should the 360-degree assessment be conducted?
9. If 360-degree assessment is used, how should the assessment be (electronic or printed)?

Data were collected between 7 August 2019–22 November 2020 (See Figure 1). The instructors were invited to participate after they were personally informed about the research. The time and place of the interviews were determined in consultation with the volunteers. The individual interviews were conducted in the Faculty of Nursing's lecture hall, meeting room, or offices. No one, except the participant and researcher, was present in the

interview room. Individual interviews took approximately 30 min. The students were briefly informed about the research during a break. The contact information of the students interested in participating in the study was obtained, and a group was established on the social media platform to continue communication. Then, at the face-to-face meeting with the students on the specified day and time, they were informed in detail about the research, their questions were answered, and they were invited to participate in the study. The interviews were conducted face-to-face in lecture halls or laboratories at the Faculty of Nursing. A graduate student (B.C.) attended the interviews to take notes and create an objective atmosphere—this student had no relationship with the students involved in the focus group interviews. Focus group interviews were approximately 1.30 hours in length. All interviews were audio recorded. 360-degree assessment was briefly explained before the relevant questions were asked.



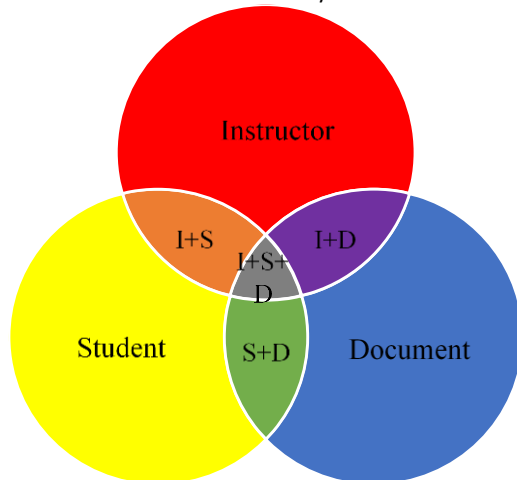
**Figure 1. Research Flow Diagram**

The documents used during FCP are Skill Monitoring Tool, Nursing Care Document, Homework, and Clinical Assessment Tool. The Skill Monitoring Tool consists of fourteen units (Urinary Elimination, Oxygenation, etc.) and 91 nursing skills (nasogastric intubation, venipuncture, etc.), which students are expected to learn in the scope of the Fundamentals of Nursing Course. In this tool, students record the nursing practices they have observed or applied and receive daily/weekly feedback about the skill development processes from the responsible instructor. For Nursing Care Document, students assess their patients, diagnose, and then plan, implement, and evaluate the care they provide based on a structured nursing process. Students receive written or face-to-face feedback on the development of the nursing process from the responsible instructor. Some Nursing Care Document is presented as a case for the group in that all students can involve. Homework are preparing article abstract, educational materials, presentation such as clinic-specific diseases, etc. The Clinical Assessment Tool is filled by the instructor at the end of the clinic to evaluate each student's performance. The tool consists of fourteen assessment criteria (dress code, communication, etc.), and students get max. 100 points. During the document analysis in this study, the documents were obtained in print, and four documents were randomly selected for each instructor.

## Data Analysis

The descriptive analysis approach was used to analyze the data. The purpose of this analysis was to present the obtained findings to the reader in an edited and interpreted manner<sup>23</sup>. Audio recordings obtained from individual and focus group interviews were transcribed by one of the researchers. Transcription texts were sent to the participants by e-mail to enable them to provide feedback. As no feedback was received from the participants, no changes were made.

Based on the research questions and interviews, a conceptual framework was created for data analysis. The data was read, classified, and merged in a meaningful and logical manner separately by both researchers. The researchers determined this direction's context, theme, sub-themes, and codes. If there was a difference of opinion among the researchers, the interview was continued until a consensus was reached. The data obtained from the document review were added to the analysis. A mind map was created to ensure the comprehensibility of the data (See Figure 2). The mind map used colors to show which data sources the context, theme, sub-theme, and codes were created. The data sources represented by the colors are shown in the Venn diagram in Figure 3. Quotations were included to increase authenticity.



D: Document, I: Instructor, S: Student, Orange: S+I, Purple: I+D, Green: S+D, Grey: S+I+D

Figure 3. Venn Diagram of Data Sources

## Ethical Considerations

Ethical approval of the study was obtained from the University Ethics Commission. Informed written consent was obtained from the participants. Written permission was obtained from the Department of Fundamentals of Nursing. During the reporting of this study, the codes assigned to the participants were used to ensure anonymity. Interviews with the students were conducted after the Fundamentals of Nursing course's final exam to prevent students from experiencing grade anxiety.

## Strengths and Limitations

This study has methodological and ethical strengths. The first strength is that researchers are experienced in student assessment during FCP. This increases the validity and reliability of the data obtained from this qualitative study.

Second, data were obtained from three different sources to expand the depth and scope of the data. Third, the Venn diagram and mind map were used to display the findings. Thus, it has been ensured that the data were presented faithfully to their sources and were more comprehensible. The fourth strength is that the researchers' students were excluded from the sample to prevent performance bias. In spite of these strengths, the current study has some limitations that readers should consider. Most significantly, this study was carried out within the first vocational course at a state university in a specific period. This limits the generalization of the results of this study.

## RESULTS

Nine instructors and twenty-three students participated in the research. Thirty (93.7%) of the participants were female. Instructors had been assessing students in clinical practice for a minimum of two and a maximum of 18 years, and seven (77.7%) of them had previously attended a measurement and evaluation course. The research findings are presented in the "Reflections on the current situation" and "Predictions on 360-degree assessment" contexts. Reflections on current situation contexts consisted of assessors, competencies, methods and tools, feedback, challenges, and suggestion themes. Predictions on 360-degree assessment contexts were presented under assessors, frequency, tools, setting, benefits, and challenges themes.

### Reflections on the Current Situation

#### Assessors

Data from all sources demonstrated that only one instructor assesses approximately 20–30 nursing students' clinical practice performance and is also responsible for their clinical practice in a semester. In addition, participants also mentioned that, on occasion, graduate students informally took part in the assessment with the instructor.

*Our responsible instructor, who observed us, gave us our clinical practice grades. (S5 FG1)*

*Graduate students are also involved in clinical practice, as well as in student assessment. (I9)*

#### Competencies

Data from different sources showed that students are assessed regarding nursing care, group discussion, dress code, communication, punctuality, desire to learn, documentation, problem-solving, and teamwork competencies during clinical practice. It has been established from the instructors and the students' statements that they agreed on the competencies assessed during clinical practice.

*Each of the nursing process steps is an element of evaluation in clinical practice for me. (I9)*

*Communication was critical with both patients or nurses. Communication with the responsible instructor was also crucial. (S6 FG3)*

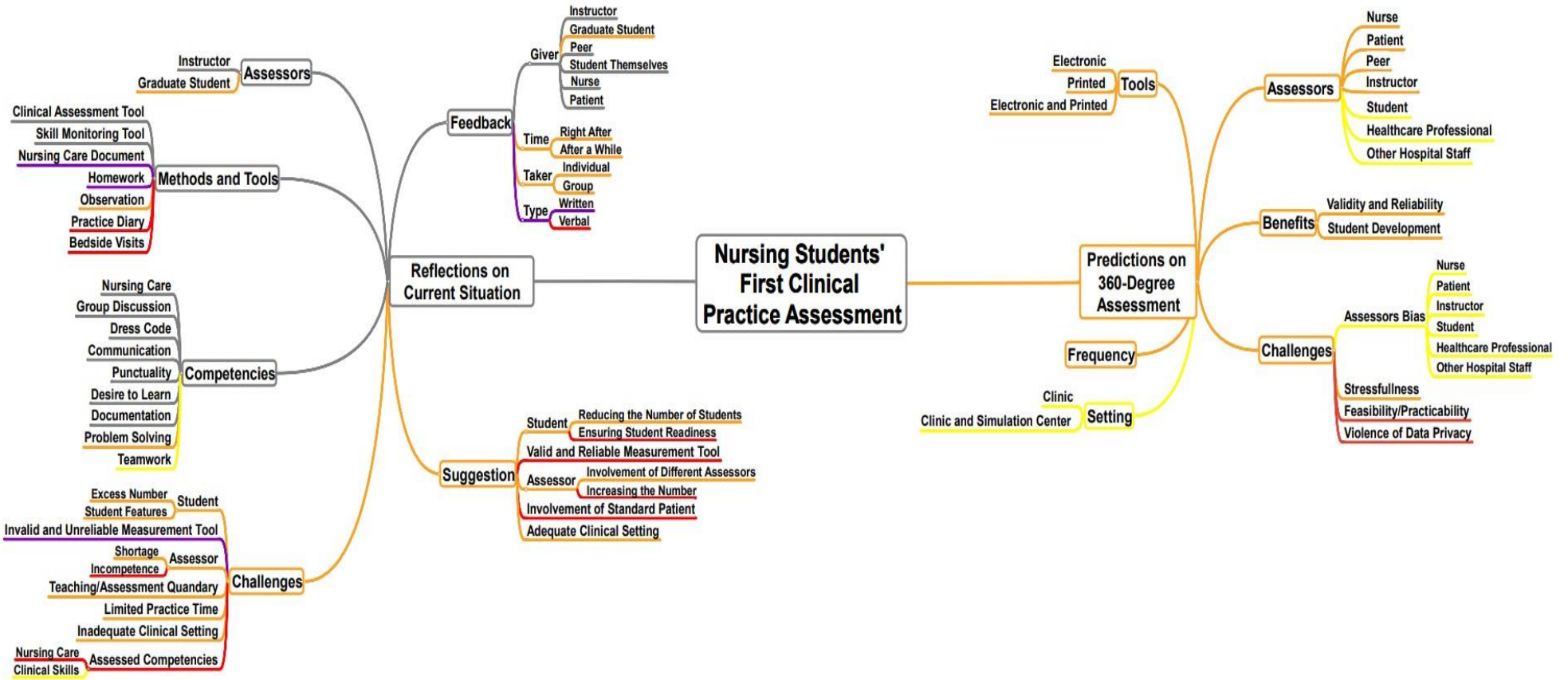


Figure 2. Nursing Students' First Clinical Practice Assessment

**Methods and Tools**

It was determined that nursing students' competencies would be assessed via different methods and tools. The tools were printed and developed by the department to ensure standardization within the assessment. While clinical assessment methods were mainly those of observation, practice diaries, bedside visits, skill monitoring tools, nursing care plans, and homework were included in the tools.

*Observation is at the core of students' assessment during clinical practice and the method we use most frequently. (I4)  
We filled out a form about what we did during the clinical practice day. (S3 FG2)*

**Feedback**

According to participants, there were both similarities and differences between the instructors regarding the feedback. It was stated that the type of feedback could be written or verbal. In addition, it was noted that feedback could be given to the individual and the group. Generally, only the instructor gave feedback; however, patients, graduate students, clinical nurses, and peers sometimes provided unconstructive feedback that was included in the process.

*I received feedback only from a responsible instructor. (S3 FG3)  
While being cared for, patients were providing spontaneous feedback in favorable situations. (S1 FG1)*

**Challenges and Suggestions**

Assessment during clinical practice offers challenges for both students and instructors. The most critical challenge regarding student assessment in clinical practice was emphasized as the high student/instructor ratio, and according to participants, this challenge could be overcome by decreasing the number of students and/or increasing the number of instructors.

*Since the number of students, we have many responsibilities in the clinical practice, we cannot observe each student individually. (I6)*

*We were a large group with only one responsible instructor. I can honestly say that I did not feel adequately observed. (S2 FG3)*

Participants agreed that the clinical practice duration was insufficient for an adequate evaluation. Extension of the clinical practice period has been proposed as a solution to this challenge. It is also noted that the instructors were in a quandary over their teaching/assessment responsibilities in the first vocational course.

*I think that the clinical practice period for the Fundamentals of Nursing course is too short. (S3 FG1)*

*Some of our students are experiencing various fears and are considering leaving the school. Some of them are prejudiced against the nursing profession. (I6)*

*Was I able to teach the students what they stood to gain rather than only evaluating them? This question is challenging for me. (I9)*

Although it was advantageous that the assessment tools were standardized, their limited psychometric properties regarding their validity, reliability, and practicality have been described as a problem for instructors.

*A student with better performance may get fewer marks than a student with poor performance. (I1)*

**Predictions on 360-Degree Assessment****Assessors**

Participants remarked that if a 360-degree assessment was used during the assessment, nurses, patients, peers, other instructors, students themselves, other healthcare professionals, and other hospital staff could be among the assessors. In addition, according to participants, the assessors should be trained to ensure the assessment's quality.

*Nurses should be involved in this evaluation because they are the ones who observe our practices. (S3 FG2)*

*I think the patient can assess our communication skills. (S3 FG3)*

*I think our peers should definitely be allowed to assess, as they watch most applications with us and can help or give opinions. (S3 FG2)*

*I think we should definitely assess and review ourselves. (S6 FG1)*

**Frequency**

Participants emphasized that the 360-degree assessment should be repeated more than once during the clinical practice process.

*I think it would not be objective to be evaluated only once. It needs to be spread throughout the process. (S8 FG1)*

**Tools**

Participants stated that tools should be developed in line with learning goals. Data privacy should be ensured if the measurements are in electronic form. As a form of measurement, they suggested holding assessment meetings as well as electronic and printed documents.

*I think that if we use evaluation forms toward our goals in clinical practice, we will obtain a much healthier evaluation outcome than our current one. (I1)*

**Setting**

Participants stated that the 360-degree assessment could be applied to assessing students' competencies during clinical practice. In addition, considering the other negative aspects of clinical practice, they noted that 360-degree assessment could also be used in simulated settings to assess students' competencies.

*360-degree assessment should be done in both settings, but initially, we need to see results in the simulation setting. (S7 FG3)*

**Benefits**

According to the participants, integrating 360-degree assessment in clinical practice might have some positive aspects. They stated that 360-degree assessment could provide a valid and reliable assessment, contributing to learning.

*It will prove beneficial in terms of providing a more objective assessment of the student. (I6)*

*I think that multi-source feedback will help us recognize where we are not performing efficiently and to assist in improving ourselves. (S4 FG2)*

**Challenges**

According to the participants, 360-degree assessment in clinical practice might have some negative aspects that

should be considered carefully. Participants noted that an increased number of assessors might cause students to feel anxious or stressed, and assessors such as patients, nurses, peers, healthcare professionals, other hospital staff, and even themselves might create bias during the assessment. *Students may experience some level of stress as everyone continuously evaluates them. (I2)*

*I think that patients may not be able to make an objective assessment because their psychological condition may not be sufficiently stable. (S3 FG2)*

*I think peer assessment may not always be objective. (S5 FG1)*

## DISCUSSION

The results of this study reveal the current situation, problems, and suggested solutions and opinions of 360-degree assessment, which is an innovative approach in the assessment of nursing students during FCP. The results are discussed under the Reflections on the Current Situation and Predictions on 360-Degree Assessment headings.

### Reflections on the Current Situation

The assessments in the practice areas often raised a concern that they did not reflect students' performance correctly due to subjectivity<sup>24</sup>. In the United States of America, an instructor is responsible for a maximum of ten students during the clinical practice<sup>25</sup>. If the mentors are involved in teaching, an instructor coordinates a maximum of twenty-four students in the clinic<sup>26</sup>. Although national data on the student/instructor ratio in clinical practice is novel, according to data from Higher Education Institution, the ratio of student/faculty is approximately 1/45<sup>27</sup> in undergraduate nursing programs in Turkey. In studies conducted by Esmaeili et al. (2014)<sup>28</sup> and Kol et al. (2018)<sup>29</sup>, it was emphasized that instructors could not allocate sufficient time to students. This study's results also coincide with the literature and statistical data. Lack of observation by instructors of students during clinical practice, owing to factors such as student/instructor ratio or time constraints, increases the risk of being unable to receive feedback on aspects where students need to improve, as well as not being able to make an objective, valid and reliable assessment.

According to this study's findings, students were evaluated in terms of many different aspects and competencies, such as nursing care, group discussion, dress code, and communication. This encourages students to gain competencies specific to nursing from the beginning of the course. However, the fact that students are aware of the competencies in which they are evaluated, that is, the assessor and the students are in complete agreement, is one of the main facilitating factors in achieving the learning outcomes. This study explored the various measurement methods and tools used in conjunction with student assessment during FCP. It was stated in the systematic review made by Wu et al. (2015)<sup>3</sup> that different types of assessment tools provided guidance for the development of students as well as for the reliable evaluation of students. Moreover, they should also be valid and reliable<sup>5</sup>. There is a lack of research<sup>3</sup> examining the psychometric properties of

the tools used in clinical assessment in nursing education, for the purpose of discussing this study's findings.

### Predictions on 360-Degree Assessment

In the literature<sup>12,14</sup>, there are examples of different health professions, patients, patients' relatives, and students themselves as assessors in the 360-degree assessment of students during the clinical practice. In these studies, the participants believed, in addition to the instructor, that students themselves, nurses, other healthcare professionals, and hospital staff could assess students during the 360-degree assessment. However, unlike the above literature, students shared their concerns concerning assessment by patients and peers. The students' concern about patients' and peers' assessment may be related to cultural factors, student psychology, or not feeling competent about objectivity.

In the literature, the 360-degree assessment is sometimes only used once<sup>12-14,30</sup> and more frequently on other occasions<sup>31-33</sup>. In this study, the participants suggested that the 360-degree assessment should be repeated more than once. This finding indicates that the participants were aware of the positive effect of repeated assessment on student development and acknowledged the lack of it. The participants suggested that the 360-degree assessment may be applied in both the simulation center and the clinical environment. No previous study was found regarding the 360-degree assessment of nursing students in a simulated setting. However, there are models where assistant doctors are evaluated in a 360-degree assessment at a simulation center<sup>34-36</sup>. This recommendation is of great value in leading a new dimension to integrate 360-degree assessment into nursing education and examining its applicability.

### Implications for Future Research and Nursing Education

The psychometric properties of assessment tools used in clinical practice should be reviewed and defined with further studies. The tools might then be revised in cooperation with field experts. The literature has not explicitly examined the teaching/assessment quandary found in this study. For this reason, future studies should be conducted to define the quandary of teaching/assessment. In line with this study's results, it is proposed that 360-degree assessment may be linked to nursing students' assessment during clinical practice as a complementary method to traditional assessment. However, this study also recommends being cautious about issues, such as bias, that may occur due to evaluators, students' possible stress, and data privacy when using online forms; therefore, the necessary precautions should be taken. Finally, integrating the 360-degree assessment into clinical practice using the suggested planned change process will adequately demonstrate its impact.

## CONCLUSION

20–30 nursing students' performances are assessed based on varied competencies (communication, punctuality, desire to learn, documentation, problem-solving, etc.) and via different methods and tools (practice diaries, bedside visits, skill monitoring tools) by only one instructor in the current situation concerning nursing students' assessment

during the FCP. Understandably, the most challenging issue is the student/instructor ratio, which all participants agreed upon. Additionally, feedback is an essential formative assessment method that needs to be reviewed and executed more structured during the FCP of nursing students.

Participants predicted that during integrating 360-Degree assessment in clinical assessment, multiple assessments should be utilized, different stakeholders (nurses, patients, peers, other healthcare professionals, etc.) should be involved, and tools developed in line with learning objectives should be used. Moreover, simulated settings should also be regarded as complementary or alternative settings. However, the pros and cons of integrating 360-degree assessment in clinical practice might have been carefully considered in any circumstances.

**Ethics Committee Approval:** Ethical approval of the study was obtained from the Hacettepe University Ethics Commission (09.07.2019/35853172-000). Written permission was obtained from the Department of Fundamentals of Nursing.

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#### Author contributions

Study design: CB, SSK

Data collection: CB, SSK

Literature search: CB, SSK

Drafting manuscript: CB, SSK

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Makale yazımı: ÇB, ŞSK

**Teşekkür:** Çalışmaya vermiş oldukları destekten dolayı katılımcılara teşekkür ederiz.

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