Assessment of feedback for the teaching of nursing practice

Avaliação do processo de feedback para o ensino da prática de enfermagem

Evaluación del proceso de feedback para la enseñanza de la práctica de enfermería

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ABSTRACT

Objective: to analyze the self-reported knowledge of professors in the use of feedback in the teaching of nursing practice; train professors to use this process; and evaluate the results of this training. **Method**: a qualitative study of research-action type. The focus group technique was used with seven collaborators of a nursing technical school. For content analysis, the Bardin framework was used and, for intervention, the Problematization Methodology supported by Pendleton's Rules. **Results**: most present in their curricula training to teach. It is pointed out that feedback is a simple and essential assessment tool, although universal discourse does not express the exact dimension of feedback potentialities. The intervention was effective to solidify feedback. **Final considerations**: this study shows that feedback should be disseminated and consolidated among the teaching staff of nursing technical education.

Descriptors: Educational Measurement; Health Evaluation; Learning; Feedback, Psychological; Education, Nursing.

RESUMO

Objetivo: analisar o conhecimento autorreferido de docentes na utilização do processo de *feedback* no ensino da prática de enfermagem; capacitar professores para utilização deste processo; e avaliar os resultados desta capacitação. **Método**: estudo qualitativo do tipo pesquisa-ação. Foi utilizada a técnica de grupo focal, com sete colaboradoras de uma escola técnica de enfermagem. Para análise do conteúdo, foi utilizado o referencial de Bardin e, para intervenção, a Metodologia da Problematização sustentada pelas Regras de Pendleton. **Resultados**: a maioria apresenta em seus currículos capacitação para educar. Aponta-se que o *feedback* é uma ferramenta simples e essencial de avaliação, embora o discurso universal não exprima a exata dimensão das potencialidades do processo. A intervenção foi efetiva para solidificação do processo de *feedback*. **Considerações finais**: este estudo mostra que o processo de *feedback* deve ser difundido e consolidado entre os docentes da área do ensino técnico de enfermagem.

Descritores: Avaliação Educacional; Avaliação em Saúde; Aprendizagem; Retroalimentação Psicológica; Educação em Enfermagem.

RESUMEN

Objetivo: analisar el conocimiento autorreferido de los docentes en la utilización del proceso feedback en la enseñanza de la práctica de enfermería; capacitar a estos profesores para utilizar este proceso y evaluar los resultados de esta capacitación. **Método:** estudio cualitativo del tipo investigación-acción. Se utilizó la técnica de grupo focal con siete colaboradoras de una escuela técnica de Enfermería. Para el análisis del contenido se utilizó el referencial de Bardin y, para la intervención, la metodología de problematización sostenida por las reglas de Pendlenton. **Resultados:** la mayoría presenta en sus currículos la capacitación para educar y apuntan que el feedback es una herramienta simple y esencial de evaluación, aunque el discurso universal no expresa la exacta dimensión de las potencialidades del proceso. La intervención fue efectiva para la solidificación del proceso de feedback. **Consideraciones finales:** este estudio muestra que el proceso de feedback debe ser difundido y consolidado entre los docentes del área de la enseñanza técnica de Enfermería.

Descriptores: Evaluación Educacional; Evaluación en Salud; Aprendizaje; Retroalimentación Psicológica; Educación en Enfermería.

INTRODUCTION

Assessment is a complex and multidimensional pedagogical resource used for the improvement of individuals in various aspects of teaching re-signification; helps not only to boost critical reflection and potential, but also to plan and correct paths (weaknesses). A good assessment has to enable its validation and present other qualities such as reliability; viability; acceptability; educational impact, impacting on the teaching and learning itself; and, finally, catalyzing effect when it induces positive changes to people and institutions[1].

Feedback, a tool of formative assessment, has the necessary attributes to ensure an adequate assessment, if well used. This tool is a concept strongly based on scientific rationale[2]. Through it, the teaching-learning can be regulated, because feedback continuously provides information for both the student and the professor on a two-way street. Thus, professors can identify how far, or near, the learner is from the desired goals and, in this way, can change or tailor the route to aid in the growth of their student. This tool also has the potential to boost the development of reflective and self-evaluative ability because, upon receiving feedback, the student must judge about his/her own performance and discover how to incorporate suggested new practices to improve it in the future[3-4].

Bicudo-Zeferino, Domingues and Amaral's[5] trial shows that to exercise feedback five essential components must be incorporated by the professor, which should be assertive, descriptive, specific, timely and respectful. In addition to these attributes, Borges, Miranda and Santana describe that feedback should start with positive points and avoid pointing out negative aspects at once[6, 7].

Recommendations and steps most used to provide quality feedback were described by Pendleton in 1984[8].

"Pendleton's Rules" are a set of simple and practical rules for feedback. They are five steps that must be systematically followed. First, ask the student "what has been done well?"; ask "what can be improved?"; after these questions, express to the student "what has been done well"; in addition to reporting "what can be improved" (in the perception of who evaluated and is then giving feedback), and to conclude, summarize students' main points and professor's weights[2,8-9].

In the context of health education, particularly in supervised internships, the ability to work successfully with feedback is of paramount importance and has proved to be effective in improving behavior, attitudes and skills. Providing feedback requires resourcefulness, understanding of the process, creation of a conducive atmosphere and a mutual trust relationship[5-10].

The motivation of this study was the perception of the difficulty of assessment through feedback of professors who work in a technical nursing school located in the countryside of São Paulo State. The nursing technical course is structured in four sequential modules with a duration of two years; in the second and fourth module is stipulated the supervised curricular internship, in which it is formally foreseen that feedback occurs as an assessment tool. Feedback of student's performance during clinical practice appeared to be a barrier to communication between professors and students, with loss of information in assessments, feedback on student final performance. The tacit difficulty of communication should be recognized, confronted and transposed, transforming a more superficial and negative analysis of clinical activities performed by the student in critical reflection, allowing full development of his clinical skills and competences.

The following hypothesis has emerged: does the nurse professor adequately use feedback in the assessment of students in supervised internship practice? If not, what needs to be done to change this reality?

OBJECTIVES

To analyze the self-reported knowledge of professors in the use of feedback in the teaching of nursing practice; train professors to use this process and evaluate the results of this training.

METHOD

Ethical aspects

This study was authorized by the educational institution and preceded by the approval of the Research Ethics Committee of the Medical Sciences and Health College of *Pontifícia Universidade Católica de São Paulo*. The Free and Informed Consent Form was signed by the research participants, agreeing to their inclusion in the study, in addition to complying with the principles of Resolution 466 of December 12, 2012 of the National Research Council, involving human beings.

Theoretical-methodological frameworks and type of study

This is a qualitative, exploratory-descriptive study with action research characteristics. According to David Tripp[11], action research as one of the many different forms of action investigation is characterized by every continued, systematic and empirically based attempt to improve the practice, standing between it and academic research[11].

Action research can be represented schematically with the four phases of its basic cycle: monitoring and describing the effects of action (observation); assess action results (reflection); plan a practical improvement (planning); and act to implement the planned improvement (intervention). Researcher and participants have to act collectively to solve a real situation[11].

Methodological procedures

The first stage was the performance of focus group, at which time the tool was applied containing sociodemographic data to know the profile of research participants. Focus group was used as a tool for collecting qualitative data, aiming to understand professors' perceptions, opinions and feelings about the theme. Based on the data obtained in focus group, participants' training was planned through observation, critical reflection on the findings, planning of activities to be developed and educational intervention through active teaching-learning methodologies. In the end, individual feedback was given on the performance of each one.

Names of flowers were used as codenames to preserve participant anonymity: Gardenia, Gerbera, Sunflower, Hydrangea, Daisy, Orchid and Tulip.

Study setting

The study was conducted at a nursing school in the countryside of São Paulo State, from August to December 2016.

Data source

There were seven participants of the nine teaching nurses, who work in the supervision of practical internships in the second and fourth modules of a technical nursing course.

Collection and organization of data

Sociodemographic data were organized into descriptive charts, being analyzed according to the frequency of their variables.

Focus group took place in a single meeting on August 23, 2016, lasting 32 minutes. It was conducted by a guest moderator; a Postgraduate Program professor not associated with this research, experienced in using this tool in qualitative scientific research, and by an observer who is the main researcher of the study.

Three guiding central questions were asked in the focus group: How do you use feedback in the process of assessing nursing practice? Do you feel prepared to apply feedback to students? In your opinion, what is the advantage-benefit of feedback in a practical nursing activity?

Chart 1 – Phases and Stages of Feedback Training

First Phase Distance (mobile application)		Second Phase On-Site		
1st Stage	2nd Stage	3rd Stage	4th Stage	5th Stage
Reality observation and Problem situations elaboration	Definition of unknown bullet points and terms	Theorization	Solution Assumptions Elaboration	Application to Reality (Role Playing)

The research was doubly recorded by the observer through two technological resources tape (recorder and cell phone) after all ethical and legal procedures. Subsequently, recordings were exhaustively heard, transcribed in full by the researcher and turned them into text. Results analysis of focus group was done, according to the proposal of Content Analysis proposed by Bardin[12].

According to the project's initial hypothesis, and after analyzing the results obtained in focus group, it was confirmed the need to carry out an educational intervention on how to use the feedback tool for study participants.

Intervention was designed by using the Problematization Methodology. The Arch Method developed by Charles Maguerez was the basis chosen to work this methodology[13].

This intervention was divided into two phases: distance, with frequent communication through mobile application, contemplating the first and second stages that lasted 10 days, beginning on December 9 and ending on December 18. The next stage was on-site, addressing the third, fourth and fifth stages of intervention, which took place in a single meeting on December 19, 2016, lasting 4 hours. Intervention planning can be seen in Chart 1.

1st stage – Reality observation and problem situations elaboration

Through a role playing video, simulating a nursing technician internship group, where the preceptor gives adequate and inadequate feedback, teaching nurses were able to identify problem situations and choose some for the development of the research.

2nd stage – Definition of bullet points

The researcher instigated the group to the reflection and definition of bullet points of the study. On this occasion, Pendleton's Rules were known and there was lack of knowledge about how to perform feedback in a systematic way.

3rd stage – Theorization

There was a previous investigation by teaching nurses of each of the bullet points, searching for information wherever they found themselves, in appropriate internet sources, scientific articles, books, conversations with other professionals and analyzing them to respond to the problem. This was also an opportunity to discuss how to seek reliable sources and how and where to find them.

4th stage – Solution assumptions elaboration

It constitutes the elaboration of hypotheses of solution to the problem. That is, to perform structured feedback according to the Pendleton's Rules, following 5 assumptions: be respectful, timely, assertive, descriptive and specific.

5th stage – Application to reality

Practical activity was performed on how to use feedback, with application of one or more of the hypotheses of solution, as a return of the study to the investigated reality. The seven participants performed a role-play simulation of a nursing practice assessment using the feedback tool. It is a theatrical representation, based on a goal. It may contain an explanation of ideas, concepts, contexts and also be a particular type of case study, analogous to the presentation of a case of human relations. From the educational point of view, one can define dramatization as a method for developing skills by performing activities in situations similar to those that would be performed in real life[14]. There was a complementary role playing, where one person interpreted the student evaluated and the other interpreted the tutor who evaluates. At the end of the simulation, feedback was provided by the researcher to participants, analyzing the training results through a specific roadmap.

This roadmap consisted of 6 stages:

1. In your opinion, what you did well, in the activity was:
2. In your opinion, what you could have done better in the activity would be:
3. In my opinion, what you did well, in the activity was:
4. In my opinion, what you could have done better in the activity would be:
5. We agreed that what you did well was:
6. We agreed that what you could have done better in the activity would be:

Data analysis

Sociodemographic data were organized into descriptive charts, being analyzed, according to the frequency of their variables. Analysis and interpretation of the data obtained during focus group was organized into five thematic categories that were developed to confirm and support the initial hypothesis of this study about the lack of preparation of participants and what would be the points that should be addressed in the training.

The categories identified were: *appropriate feedback; inappropriate feedback; professor insecurity during feedback provision; difficult acceptance of the student in response to the feedback provided by the professor; essential feedback in building skills.*

RESULTS

All participants in the research (n=7) were female, reproducing what still occurs nationally[15-16]; with a mean of 34.7 (SD=6.8) years of age; 85.7% declared to be white; only 14.3% graduated from a public institution; 86% have specialization in the field of education (*lato sensu*); and have been teaching for 6.8 (SD=7.9) years.

The first category, entitled *adequate feedback*, absorbs positive attitudes of teaching nurses when performing feedback. It has been found that they make feedback timely, right after the student's performance. The following report exemplifies this:

> *Quick feedback, so soon, immediately, facing the situation that is being experienced there* (Orchid).

In addition, they describe the impacts and consequences of certain behaviors, positive or negative, as well as suggesting alternative behaviors:

Then you sit, raise what was correct, what was not correct, what needs to improve for that service to be effective (Tulip).

In the second category, inadequate feedback, misconceptions that professors committed in the assessment through feedback were listed. Some use the tool as synonymous with pointing out student errors. Sunflower then contextualizes this finding:

I, on the other hand, point out with him what errors he did at that moment (Sunflower).

In addition to pointing out mistakes, some participants have revealed that they do group feedback or expose peer assessment to a particular student:

I always try to expose the group afterwards so that it serves as a teaching ... that serves as a lesson for all the correct action (Sunflower).

There were also reports in which respect was not ensured in relations between professors and students during feedback, being no longer respectful:

I am tough, many times. But often it is necessary for him to wake up and can improve in the other internships (Gardenia).

In the third category, *professor insecurity during feedback provision*, it was noticed that some professors express difficulties in performing feedback and, in fact, feel insecure and unprepared. Some participants relate this feeling related to feedback with questions of how to carry out with this resourceful technique of return to the student:

I feel a little insecure with the assessment (Daisy).

Feedback is not always easy to be punctuated due to the question of how often we are not prepared (Hydrangea).

The fourth category, *difficult acceptance of the student in response to the feedback provided by the professor*, evidences student resistance at the moment he is assessed, often not accepting what was scored and demonstrating negative emotions and reactions:

We really see the barrier of this student ... sometimes we see some sad faces that do not really agree with what we are putting ... they cannot accept what you are punctuating there (Orchid).

It's very difficult for you to give feedback to the student ... he accepts what you're saying (Gardenia).

The fifth and last category, *essential feedback in building skills*, demonstrates that teaching nurses consider that feedback brings many benefits and advantages, generating positive points, since it improves the student's action, contributes to its evolution and growth both in disciplines and even in the labor market.

And so, during internships, hours, you see that student evolves completely, when he arrives at the end you're "Oh my God, I did not put faith and blossomed, right?" It's amazing, it's wonderful (Orchid).

Feedback is for his growth ... necessary so that until he wakes up and can improve (Gardenia).

From the speeches, it can be understood that the participants' understanding of the use of feedback as an essential element in the development of reflective practice and the construction of professionalism. Learners are gradually becoming aware of their level of competence and seeking constant improvement. Although professors have greatly valued feedback, it has been noted that they still do not see it as a feedback and personal opportunity, where the professor accepts to be part of the problem and not evaluate solitarily and unilaterally. Although this result was foreseeable, it was important to carry out focus group for sensitization and training planning.

Training results

Based on the findings of focus group, it was clear the need for the research participants to perform simulation of reality, aiming at meaningful learning and reversal of perception and negative feelings related to feedback. Dramatization (with role-playing) technique use was chosen, as described. After interpretation, the researcher carried out the assessment of the simulation, according to a specific roadmap.

In Chart 2, synthesis of the assessment after the training can be checked.

During simulation they were respectful, listened attentively to the student's speech, with adequate voice and finding points of agreement. Likewise, they were opportune in their returns when inviting the evaluated to sit in a reserved place, far from their peers, soon after activity execution.

However, only Tulip and Gardenia were able during the dramatization to dialogue clearly and objectively. The others could not be assertive when talking to the student and being direct in the information.

Orchid and Gardenia indicated what the student did well and what could improve in their actions, being specific. Other participants did not state what the student could improve or did not encourage them to reflect what could improve their action, thus not being specific.

Daisy, Tulip, Sunflower and Gardenia were descriptive, not judging students and rather reporting the steps he did, narrating his conduct. In contrast, Orchid, Hydrangea and Gerbera judged the student's behavior as right or wrong.

Only Gardenia was able to carry out all stages of Pendleton's Rules, as he first asked the student what he did well, which could improve and only after reporting what he did well and what he could improve, finally synthesized what both exposed.

Assertiveness and specificity were the most frequent problems and worked more intensely in individual feedback after training.

Chart 2 – Synthesis of feedback training using a specific roadmap

	Respectful	Timely	Assertive	Specific	Descriptive
Gardenia	Yes	Yes	Yes	Yes	Yes
Tulip	Yes	Yes	Yes	-	Yes
Orchid	Yes	Yes	-	Yes	-
Daisy	Yes	Yes	-	-	Yes
Sunflower	Yes	Yes	-	-	Yes
Hydrangea	Yes	Yes	-	-	-
Gerbera	Yes	Yes	-	-	-
Total	7	7	2	2	4

DISCUSSION

One of the essences of feedback is to be specific, which means clearly indicating the actions and behaviors in which the student is performing well, which he has done with quality, and also those in which the student can improve, improve his actions and abilities[5-6].

In feedback, it is common to highlight only the negative points of the student's performance, such as indicating their difficulties, their errors and their failures, forgetting to point out what the student did correctly and well done. This attitude potentially creates a hostile and unpleasant environment to carry out the teaching-learning process, because it emphasizes professor superiority and domination and does not open space for dialogue and information exchange. That is, only the inhibitory loop of the professor works on the student, making the assessment inappropriate. One of the main functions of feedback is to awaken reflection and not the student's judgment, because only in this way can one modify behavior, ability or attitude[7].

In addition to being specific, feedback needs to be timely. During this process of returning students to their performance, it is essential to create a welcoming, mature, healthy and safe environment. It is important to choose the appropriate place for assessment, away from your peers, patients or team, on the other hand, it must be timely and carry it as close as possible to the event or scheduled activity, as the more time passes, relevant details of student or professor observation may be lost[5,6].

To be timely in providing feedback also means respect for its privacy because it is essential that the student is free to express their doubts, fears and weaknesses, reflecting on their performance, comfortably exposing their self-assessment and receiving assessment of the professor. Any misunderstanding in communication must be clarified by the issuer, remedying doubts of the receiver and, above all, providing a clear and transparent communication; without distortion of the original message that was wanted to transmit, creating a friendly atmosphere, exchange of evaluative experiences with mutual learning[6,7].

Although the student is generally anxious to hear the professors' opinions, his reaction is sometimes one of resistance when there are criticisms, although constructive. Thus feedback must be descriptive, so that words express, with the utmost accuracy, certain behavior or action, rather than judging it as right or wrong, just or unjust[5].

Another very important property in using feedback is to be assertive. The preceptor dialogue should be clear, objective and direct to the student; without ambiguous statements, focusing on the main message, not to mention other themes not relevant to that moment, without diverting attention on the subject that is in the assessment focus[6]. It is recommended to describe the impacts and consequences of a given behavior, positive or negative, as well as to suggest alternative behaviors[7].

Another fundamental element to the success of feedback is to be respectful regardless of differences in knowledge, experience, hierarchy, age or other personal characteristics between partners. As it is a shared process, professor and student must find points of agreement about the behaviors that must be worked out; listen and understand what the other is saying; be straightforward and firm, but without being coarse and hostile; understanding and respecting the opinion of the other generates a respectful environment for constructive feedback. Students expect to be emitters and receivers, on an equal basis with the preceptor, since they are adult subjects with aptitude to analyze the positive or negative aspects of their actions[5,17].

In order to provide adequate feedback, the interlocutor should have knowledge of how the tool should be used, an attitude to include it in their daily lives, adequate attitude to teach, empathy with the student and the technical ability to evaluate it in that given learning setting[6].

Feedback is a scientifically grounded concept and has been gradually expanding in the courses of health field. Effectively giving and receiving feedback has singular importance and has been effective in improving performance. Many problems can be minimized if professors are well prepared, such as clinicians, educators and evaluators[2,4-5].

Although professors participating in the research theoretically have training to educate, they did not demonstrate knowledge of how to carry out a correct assessment through the feedback tool. One of the explanations for this finding would be the fact that the subject is relatively new in the academic world, having been adopted more in the business than

educational. This fact is also evidenced by the dates of the bibliographic references used in this research and by the low number of national publications related to the topic. Thus, it is possible that the curricula of postgraduate courses in education are not updated and superficially approach the subject, failing to guide the future educator about basic stages for this type of assessment and which attitude would be the most appropriate of the evaluator before the evaluated. Another problem that may be assumed is that some postgraduates do not have practical classes, nor do they use active methodologies and, in many cases, are distance learning courses, and students do curricular internships without the presence of a tutor[18-19].

In a trial with trainee nurses, Braga and Silva, as well as in this research, revealed that nurses surveyed have difficulties in giving feedback, "in demonstrating feelings and emotions, lack of information and conflicts"[17].

Although this study did not evaluate feedback from the perspective of students, the literature indicates that they perceive that this is an important learning tool and value professors who know how to provide it in an effective way. Giving feedback requires skill, understanding the process, creating a supportive environment and a trusting relationship. There is no way to tell the student that his or her diagnostic hypothesis was wrong or that he did not collect all the necessary data during the clinical history without causing a feeling of disappointment or frustration. On the other hand, this information is essential, cannot be omitted and must be addressed correctly[5-7].

A plausible explanation, as found by other authors, is that, while admittedly important, there is a lack of investment in teaching communication skills to nursing professionals in feedback, and this is a skill that "needs training, requiring courage availability, and a long process of personal growth"[4-17].

It can be difficult to have the courage to give constructive feedback, even when it is required or necessary. And if the listener puts himself on the defensive, it is easy to assume a position of self-indulgence and give up, failing to accomplish it to avoid discomfort[6-19].

In one of the documents analyzed by Rêgo and Batista, the presented arguments maintain that, in order to enable the professor/tutor to develop, it will be necessary for feedback to take place and to be informative, formative, valid and reliable. It is not enough simply to provide feedback because its quality is the most relevant[20].

It was evidenced that feedback brings many benefits and advantages, generating positive points, since it improves the student's action, contributes to its evolution and growth, although professors do not realize that it improves their relations with learners and transforms the construction knowledge in a two-way street.

This tool generates a set of actions that the student develops to be able to improve his learning, to become more autonomous and responsible, to be able to evaluate and regulate his work, performance and learning and to be more agile in the use of his metacognitive competences. In addition, feedback values the professional future, as it tends to strive harder to grow when it is held accountable for its results; believes that their skills are being well used and receive recognition for their contributions[4,7-9].

The lack of assessment through feedback generates uncertainties, amplifies the sense of inadequacy and distances the student from the proposed objectives, which may lead him to interpret his behavior in a totally inappropriate way and to develop a "false confidence" or an exaggerated fear of error[7].

Greater effectiveness of feedback is achieved when it is repeated at different times of the course and continuously[5].

Feedback use emerges as an essential element in the development of reflexive practice and the construction of professionalism. Learners are gradually becoming aware of their level of competence and seeking constant improvement, essential processes in the development of reflective practice. Although professors have highly valued feedback, they still do not see it as a feedback and personal opportunity, where the professor accepts to be part of the problem and not evaluate solitarily and unilaterally. Professors are expected to feel an agent of reflection on themselves,

their knowledge, on how to overcome limits, improve their technique continuously and do it in an organized, planned way that facilitates the reinvestment in constructive actions[4, 6,21-22].

Training discussion

Teaching nurses showed interest in the search for new knowledge and curiosity about the stages of the Pendleton's Rules, which they did not know. As in the Kilminster and Jolly trial, training programs are well accepted and required by professors, which understands their beneficial effects, and that feedback is among the most requested when evaluating[23].

In the activity of the last stage of the offered training, all professors showed a timely and respectful approach towards the student during dramatization; two had difficulties in being descriptive in their speeches and the majority was not assertive or specific, and only one of them was able to perform feedback following all stages, according to Pendleton's Rules.

Possibly, a single training can be the driving force to awaken in professors the good assessment seed, but we know that Permanent Education is the only way to sediment the assessment process so that it is natural and perennial. Findings corroborating this analysis were found by other authors who showed that professors showed significant progress in their ability to use feedback after having participated in three training sessions lasting 90 minutes each. They concluded that this theme should be constantly reviewed in professor training[24].

Study limitations

Although the number of participants in the study is small, it consisted of all the teaching staff of the Institution. In this study, students' feedback was not evaluated, which could have enriched the results, but it was the researchers' goal to direct an in-depth look at the actual professor preparation and to intervene to awaken participants to enable them to carry out qualified assessments of their students. Finally, although focus group results were presumed, our findings may support other studies that broaden the discussion on feedback assessment for nursing practice teaching.

Contributions to the fields of Nursing, Health or Public Policies

This research results point to interesting and relevant findings, such as the verification of professors' lack of preparation in the application of formative assessment, in particular the knowledge of giving and receiving feedback; indicate the need for continuous training in the development of communication skills and competences as a teaching assistant; and propose a significant intervention strategy for the assessment of nursing professionals who work in the field of education through a simple method, without significant costs, reproducible and valuable for the practical teaching reflexive of professionalizing nursing.

FINAL CONSIDERATIONS

Nursing professors participating in the research, despite the fact that most of them show their qualifications to teach, both because they have a postgraduate degree in Education, and because they have been teaching for some time, think that feedback is an important assessment tool and essential in nursing practice for the development of student competences, skills and attitudes; but they do not have the exact dimension of their potential, because they see it primarily as a group activity and synonymous with pointing out mistakes. It is possible that, in most undergraduate and even postgraduate courses in nursing, feedback topic is not addressed but if it is, it is addressed superficially, not allowing assimilation of the procedure basic stages, leaving gaps about appropriate attitudes evaluator before the student, during assessment using feedback.

Moreover, the difficulty in returning practical subjects through feedback was a universal discourse among professors, either because of concerns on how to use it or due to the insecurity generated by the student's resistance to the assessment.

Training aided in clarifying simple rules and practices that can be easily incorporated into the day-to-day during assessment performance (Pendleton's Rules) thus minimizing ignorance about the theme. It was also evidenced that the preceptor in carrying out the task of feedback cannot do without any of the five steps, since it must be simultaneously respectful, timely, descriptive, assertive and specific.

It is hoped that the training model carried out can be replicated at other times and even in other institutions, turning to improving institutional assessment, although it does not guarantee the continuity of this advance, which will require a posteriori training to become cultural.

Therefore, the use of the formative assessment tool (feedback), although it may receive scarce criticism[25], and still rarely used in nursing courses, is an essential and effective tool in the re-signification and balance of the teaching-learning process. It undoubtedly promotes the development of reflexive practice and the construction of the professional future of nursing. These qualities are known to professionals who use them in their practice, because they recognize their importance, although they have difficulties and recognized anguishes to apply it, as can be seen. Periodic training, using techniques of active methodologies such as those employed in this research, can inform and improve the mastery of the professor about assessment. It is necessary, however, that feedback ceases to be theory and can occur correctly and constantly in the daily practice of the professional professor.

ABSTRACT

Objective: Construct and validate instrument content for nursing consultation in an adult chemotherapy outpatient clinic. **Method:** Methodological study composed of two stages: elaboration of the instrument and validation of content. A literary review of the dimensions of customer care was carried out in the light of Theory of Basic Human Needs Theory, culminating in two instruments: one for admission consultation and other for follow-up. The content was validated by the evaluation of listed experts based on the adapted Fehring's Validation Model. **Results:** In the first round, two items of the admission instrument and three items of follow-up required reformulation. In the second round, there was an increase in agreement rate: 11% in the instrument of admission and 10% in follow-up. **Final Consideration:** The instrument represents a guideline for the Nursing Process and future research, but it cannot be seen as a substitute for nurses' knowledge and clinical reasoning. **Descriptors:** Oncology Nursing; Nursing Process; Office Nursing; Validation Studies; Nursing Care.

RESUMO
Objetivo: Construir e validar conteúdo de instrumento para consulta de enfermagem em ambulatório de quimioterapia de adultos. **Método:** Estudo metodológico composto por duas etapas: Elaboração do instrumento e validação de conteúdo. Foi realizada revisão literária das dimensões do cuidado da clientela, à luz da Teoria das Necessidades Humanas Básicas, culminando em dois instrumentos: Um para consulta de admissão e outro de seguimento. O conteúdo foi validado pela avaliação de experts listados com base no Modelo de Validação de Fehring adaptado. **Resultados:** Na primeira rodada, dois itens do instrumento de admissão e três de seguimento necessitaram de reformulação. Na segunda rodada, houve aumento da taxa de concordância: 11% no instrumento de admissão e 10% de seguimento. **Considerações Finais:** O instrumento representa um norteador do Processo de Enfermagem e de futuras pesquisas, mas não pode ser visto como um substituto do conhecimento e do raciocínio clínico do enfermeiro.
Descritores: Enfermagem Oncológica; Processo de Enfermagem; Enfermagem no Consultório; Estudos de Validação; Cuidados de Enfermagem.

RESUMEN
Objetivo: Construir y validar contenido de instrumento para consulta de enfermería en ambulatorio de quimioterapia de adultos. **Método:** Estudio metodológico compuesto por dos etapas: elaboración del instrumento y validación de contenido. Se realizó una revisión literaria de las dimensiones del cuidado de la clientela, a la luz de la Teoría de las Necesidades Humanas Básicas, culminando en dos instrumentos: uno para consulta de admisión y otro de seguimiento. El contenido fue validado por la evaluación de expertos listados con base en el Modelo de Validación de Fehring adaptado. **Resultados:** En la primera ronda, dos ítems del instrumento de admisión y tres de seguimiento necesitaban reformulación. En la segunda ronda, hubo aumento de la tasa de concordancia: 11% en el instrumento de admisión y 10% de seguimiento. **Consideraciones Finales:** El instrumento representa un orientador del proceso de enfermería y de futuras investigaciones, pero no puede ser visto como un sustituto del conocimiento y del raciocinio clínico del enfermero.
Descriptores: Enfermería Oncológica; Proceso de Enfermería; Enfermería de Consulta; Estudios de Validación; Atención de Enfermería.

Read:

ABSTRACT
Objective: to analyze the self-reported knowledge of professors in the use of feedback in the teaching of nursing practice; train professors to use this process; and evaluate the results of this training. **Method:** a qualitative study of research-action type. The focus group technique was used with seven collaborators of a nursing technical school. For content analysis, the Bardin framework was used and, for intervention, the Problematization Methodology supported by Pendleton's Rules. **Results:** most present in their curricula training to teach. It is pointed out that feedback is a simple and essential assessment tool, although universal discourse does not express the exact dimension of feedback potentialities. The intervention was effective to solidify feedback. **Final considerations:** this study shows that feedback should be disseminated and consolidated among the teaching staff of nursing technical education.
Descriptors: Educational Measurement; Health Evaluation; Learning; Feedback, Psychological; Education, Nursing.

RESUMO
Objetivo: analisar o conhecimento autorreferido de docentes na utilização do processo de *feedback* no ensino da prática de enfermagem; capacitar professores para utilização deste processo; e avaliar os resultados desta capacitação. **Método:** estudo qualitativo do tipo pesquisa-ação. Foi utilizada a técnica de grupo focal, com sete colaboradoras de uma escola técnica de enfermagem. Para análise do conteúdo, foi utilizado o referencial de Bardin e, para intervenção, a Metodologia da Problematização sustentada pelas Regras de Pendleton. **Resultados:** a maioria apresenta em seus currículos capacitação para educar. Aponta-se que o *feedback* é uma ferramenta simples e essencial de avaliação, embora o discurso universal não exprima a exata dimensão das potencialidades do processo. A intervenção foi efetiva para solidificação do processo de *feedback*. **Considerações finais:** este estudo mostra que o processo de *feedback* deve ser difundido e consolidado entre os docentes da área do ensino técnico de enfermagem.
Descritores: Avaliação Educacional; Avaliação em Saúde; Aprendizagem; Retroalimentação Psicológica; Educação em Enfermagem.

RESUMEN
Objetivo: analizar el conocimiento autorreferido de los docentes en la utilización del proceso feedback en la enseñanza de la práctica de enfermería; capacitar a estos profesores para utilizar este proceso y evaluar los resultados de esta capacitación. **Método:** estudio cualitativo del tipo investigación-acción. Se utilizó la técnica de grupo focal con siete colaboradoras de una escuela técnica de Enfermería. Para el análisis del contenido se utilizó el referencial de Bardin y, para la intervención, la metodología de problematización sostenida por las reglas de Pendlenton. **Resultados:** la mayoría presenta en sus currículos la capacitación para educar y apuntan que el feedback es una herramienta simple y esencial de evaluación, aunque el discurso universal no expresa la exacta dimensión de las potencialidades del proceso. La intervención fue efectiva para la solidificación del proceso de feedback. **Consideraciones finales:** este estudio muestra que el proceso de feedback debe ser difundido y consolidado entre los docentes del área de la enseñanza técnica de Enfermería.
Descriptores: Evaluación Educacional; Evaluación en Salud; Aprendizaje; Retroalimentación Psicológica; Educación en Enfermería.

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