The University of Sheffield
School of Nursing & Midwifery
http://www.snm.shef.ac.uk

The Assessor
The newsletter for clinical assessors and mentors of nursing and midwifery students

EDITORIAL

The NMC maintains a register of practitioners who have met the standards for entry to the professions. This is central to the Council’s role in protecting the public. Being on the NMC register demonstrates to the public that we have accepted the responsibilities which go along with registration, and that we will abide by the professional standards set by the NMC. This is done through professional self-regulation. Professional self-regulation means that in exercising our professional accountability, we use our professional knowledge, judgement and skill to interpret and apply professional standards in practice. Although the NMC, as the current regulatory body for nursing, midwifery and health visitors, administers the system of professional self-regulation, it is through us, as individual accountable practitioners, that professional standards are maintained in the workplace.

The maintenance of professional standards has to include standards of mentoring. Crosley et al. (2002:800) stated in no uncertain terms that ‘good professional regulation depends on high quality procedures for assessing professional performance’. Good professional regulation therefore depends on good mentorship. The practitioner as mentor needs to maintain standards of clinical practice as well as standards of mentoring. We rely on assessments to make some quite specific but also far-ranging judgements about our students’ future competence as registered practitioners. A question we need to ask is this: do our assessments enable us to make such judgements soundly? Ensuring the validity and reliability of assessment will assist us to make assessment decisions that are sound. In this issue, reliability of assessment will be explored, to be followed by a discussion of the validity of assessment in the next issue.

A number of structures are in place to support pre-registration nursing and midwifery students whilst they are on clinical placements. In this issue, Sue Hopkins outlines the role of ‘student support officers’. This will be followed by discussions of other structures in the next and subsequent issues. In this issue, we also bring you an update of the ‘Hub and Spoke’ project and the ADNS programme. Also, read about the role and responsibilities of the mentor and the student during clinical placements, and the other pieces about the assessment of clinical practice.

Ci Ci Stuart

Reference:

DEFINING THE ROLE, RESPONSIBILITIES AND AUTHORITY OF THE MENTOR

The ENB and DoH (2001:9) state that.

Mentors assume responsibility for the student’s learning in the practice setting, the quality of that learning, and the assessment of competencies to demonstrate the extent to which learning outcomes have been met.

Mentors:
- Facilitate student learning across pre and post registration programmes
- Supervise, support and guide students in practice in institutional and non-institutional settings
- Implement approved assessment procedures

Mentors are responsible for the formative and summative assessment of student learning in practice.

The above statement by the ENB and DoH reinforces the UKCC’s (2000 a, b), endorsed by the NMC, requirement that statutory programme outcomes and competencies will be achieved under the direction of a registered nurse or practising midwife.

The assessment of practice strategy of the pre-registration nursing and midwifery programmes of the School of Nursing and Midwifery, University of Sheffield incorporates the above role definition and responsibilities of the mentor. The assessment of practice strategy also states clearly that the assigned mentor has the responsibility, and by implication, is invested with the authority, of making the summative assessment decision at the final interview, that is, whether the student has PASSED or FAILED the placement. No other person has the authority to make the final assessment decision so long as you are the assigned mentor.

If you wish to discuss your mentor role further, please get in touch with your link lecturer or the programme leader of your student.

Reference:
UKCC (2000a) Requirements for pre-registration nursing programmes. London, UKCC.
UKCC (2000b) Requirements for pre-registration midwifery programmes. London, UKCC.
CLARIFYING THE STUDENT’S LIMIT OF PRACTICE

The position taken by the School of Nursing and Midwifery

Within the turbulent and rapidly developing service delivery arena it is inevitable that at times student nurses and midwives will be asked to engage in aspects of care delivery that could be seen as beyond their usual scope of practice. At such times it is incumbent on the student and their clinical supervision/mentor to seek guidance from their personal tutor or the clinical link lecturer.

It is not the purpose of this paper to closely define and delineate what is or is not seen as acceptable practice but to articulate the process by which staff of the School of Nursing and Midwifery can give appropriate and legitimate advice when required to do so.

Process for lecturers

As students should perform in practice to a level of competency consistent with what is described within the programme assessment information for the part of the programme they are undertaking, lecturers should first check with this documentation.

If, having done this, there are still areas of uncertainty then the lecturer should consult with the programme leader to clarify the situation.

In the event that ambiguity remains, the view of the Director of Quality will be sought and this view should be accepted as the definitive.

The mentor’s role in establishing limits of practice with the student

At the commencement of the student’s placement, make it explicit to the student what their accountability and responsibilities are. In its publication An NMC guide for students of nursing and midwifery, the Nursing and Midwifery Council (2002:3) clarifies the student’s responsibilities and accountability:

At all times, you should work only within your level of understanding and competence and always under the direct supervision of a registered nurse or midwife. . . . So far as the NMC is concerned, it is the registered practitioners with whom you are working who are professionally responsible for the consequences of your actions and omissions.

... as a student do not participate in any procedure for which you have not been fully prepared or in which you are not adequately supervised.

You may wish to reiterate the above guidelines of the NMC to the student. In your discussion, make sure the student understands exactly what she or he is allowed to do within her or his expected capability for the stage of the programme. Albeit exceptional circumstances such as an emergency when the student may be the only one present, and it is not possible to consult with a registered practitioner prior to care being given, a student is not allowed to carry out care at any time without the prior agreement of the mentor. This agreement may take several forms, for example, a student inexperienced in the particular aspect of care to be given will require to have a detailed discussion of how to carry out that care and be closely and directly supervised. If you have worked with a student over several spans of duty and you are confident through observation and questioning of the student that she or he is able to carry out the care safely, you may delegate the care and provide minimal to indirect supervision. In both instances, your prior agreement has been given for that care to be undertaken.

Further information about the nursing student’s limit of practice can be found in the Assessor Pack, and for the midwifery student, this information can be found in Guidelines for the supervision and assessment of student midwives during clinical practice.

Note: These booklets are available in your clinical area or on:

http://www.shef.ac.uk/uni/academic/N-Q/nn/mentorship/mentorship.htm

If you wish to discuss the issue of limits of practice further, please contact your link lecturer.

References


Reliability of Assessment

Reliability is concerned with the accuracy with which the test measures the performance or attainment it is designed to measure (Gipps 1994). It is the degree to which a result reflects all possible measurements of the same construct, for example, an aspect of competence. Your assessment of the communication skills of a student with a client may be reproducible, but it does not necessarily reflect the assessment of any mentor, or the communication skills of that student with any client or on any day (Crossley et al. 2002). There are four key issues here:

- Consistency of student performance
- Consistency of interpretation
- Consistency, and therefore agreement, between mentors
- Context of the situation

The mentor needs to consider those factors inherent in each of the above issues that would impact on the reliability of assessments. Achieving reliability is a particular challenge in professional assessment. The professional roles of the nurse or midwife are complex. The profession has defined competencies to explicate these professional roles. The achievement of each competency requires the possession of various attributes such as knowledge, understanding, a sense of values and beliefs and the ability to perform tasks. It is difficult to reduce these competencies to checklists of observable processes. Attemps to measure these competencies depend in part on subjective judgements about performance.

Compounding these difficulties is the fact that professional behaviour is highly dependent upon the nature of the clinical situation. If a student does not have particular experiences, there will not be opportunities to develop and demonstrate certain attributes.

We usually assume or intend a wide generalisation for the results of professional assessment. To do this with any degree of safety requires that the assessment is both valid and reliable. At its simplest level, a valid and reliable assessment of a particular competence requires a clear statement of the range of clinical situations that the result is supposed to represent. What we know now of cognitive processes indicates that there is a close connection between skills and knowledge, and the context in which they are learnt and assessed - we cannot teach a skill component in one setting and expect it to be applied automatically in another (Gipps 1994). For example, if a student is able to communicate with a number of clients during one particular placement, we cannot assume the same ability to communicate with different clients in another placement.

To increase the reliability of assessments, the following strategies are suggested:

- Increase the number of assessments of the same construct by assessing across the range of clinical situations that are representative of the construct. This helps to increase the sampling of performance on many occasions.
- Increase the number of times the student is assessed by different mentors. Each person is likely to see different attributes and aspects of practice (see the piece on using testimony of others by Cale Johnson).
- Pool the results. The assigned mentor will then be using the testimony of others to make the summative assessment decision, as an assessment decision should not be dependent on one person’s judgement. This will increase the confidence of the mentor when making the PASS or FAIL decision.

The wider scope of the sample of observers and situations, the more likely the result will reflect the whole “universe” of observers and situations, and the more dependable the result will become (Cronbach et al. 1972 in Crossley et al. 2002).

For a further exploration of reliability of assessment, see the paper by Crossley et al. (2002) and Chapter 5 in the textbook by Stuart (2003). In the next issue of The Assessor, we will consider the issue of the validity of assessment. If you wish to discuss reliability of assessment further, do get in touch.

CiCi Stuart

References

UPDATE ON THE ‘HUB-AND-SPOKE’ PROJECT

The Combined Universities Interprofessional Learning Unit (CUILU) has now been established for eight months with the two Universities in Sheffield working in partnership with the South Yorkshire Workforce Development Confederation. The project members are:

- Dr M Frances Gordon, Project Leader
- Ms Fiona Wilson, Expert Patient Facilitator
- Ms Claire Walsh, Lecturer in interprofessional Learning
- Mrs Carol Kay, Project Administrator

CUILU is a two-year Department of Health and South Yorkshire Workforce Development Confederation funded project focusing on undergraduate interprofessional learning (IPL) across health and social care courses. IPL is seen to be vital today, as contemporary health care requires practitioners to be more responsive who are able to focus on patient service requirements and can manage ongoing change to provide an increasingly specialised service. Interprofessional working becomes more necessary as single health and social care professionals is unable to meet and manage this complexity alone. Service development are now becoming responsive to patient service user involvement and the use of evidence based practice continues to make demands on the practitioner to be ever more capable.

The project is about to commence a programme of interprofessional learning in placement ‘pilot sites’ across the South Yorkshire area. Each pilot area, to be confirmed, will become the site of a co-operative inquiry characterised by all participants being actively involved in, and contributing to the processes of the project. Pilot areas will be in the following Trusts:

- South East Sheffield PCT
- Sheffield Teaching Hospitals NHS Trust
- Rotherham District General Hospital NHS Trust
- Doncaster and Bassetlaw NHS Trust
The use of ‘Testimony of Others’ in the Assessment of Clinical Practice

What is it?
This is a statement written by someone other than the students’ mentor about the student’s clinical competence.

Who is it for?
It is for the mentor. It informs the mentor of the judgements of other staff about the student. In so doing a testimony can increase the mentor’s confidence in his/her own objectivity in assessment. After all if two or three other staff agree that a student is competent in communicating then the mentor can be confident that this is an accurate (and objective) judgement. A testimony therefore enables the mentor to check out his/her level of bias. We all have biases about different things: how a person speaks, looks, smiles (or not), hairstyle and colour not to mention social class and background. It is generally agreed that we can never strip away all of our biases as many of them are hidden. We can however go some way to identify these by considering a testimony from someone else and compare their view with our own.

What makes a good testimony?
A good testimony should inform the mentor of the evidence that the student has demonstrated in relation to the COMPETENCIES and LEARNING OUTCOMES in their assessment of practice record book.

How many testimonies should a mentor ask the student to collect?
Well, more is always better if it offers the mentor some evidence that his/her judgement about the student is shared by others.

What if the testimony disagrees with your view?
Then an in depth conversation with the person who wrote the testimony is required. Through this discussion you can both look carefully at WHY your judgement differs. What did you see? What did another person see? In this way you are actually developing and refining your skill as an assessor and deepening your understanding of the whole process.

The purpose of the discussion is to reach an agreement about the level of competence of your student. A mutual agreement will be less biased (on the whole) than the view of one individual.

You may also decide to observe your student closer, particularly on those occasions when they are showing elements of the competencies you discussed. Overall then, the assessment process is much more likely to produce an accurate decision on the students’ competence when testimonies are used.

In conclusion, the more testimonies collected the more confident you can be about your final judgement of the learner’s competence. This is never more vital than when your learner is not progressing smoothly in which case you should plan specifically for other staff to provide maximum testimony evidence for you.

Cate Johnson
Nursing Lecturer

Barnsley District General Hospital

The pilot sites have been self-selected following consideration of project aims and the selection criteria. These have been disseminated via the CULU web site, research bulletins, network meetings, presentations and word of mouth. The pilot sites will be able to offer high quality professionally focused learning environments including the full support of interprofessional learning that has the potential to include public and patient participation. Once the pilot sites have been identified, CULU will be in touch with link users and supporting staff to let them know about our programme and to invite them to become involved in the collaborative process.

All undergraduate students in each pilot area will be learning and working in an ‘enhanced learning environment’. For example, through the use of case studies and/or simulated clients/patients, there will be teaching sessions around the interprofessional management of clients/patients. Where appropriate, some students will learn together at the Montague Clinical Simulation Centre. Students from the pilot sites will also have the opportunity to meet and learn with social work students. Lay advisors from user groups will be invited to participate in student workshops and seminars and other planned learning opportunities. They will also be members of a consultative panel.

In each pilot area, the evaluation of these interprofessional learning processes will be captured via a focused interview at the end of the placement. The evaluation would also take into account any participation in interprofessional learning that may normally have taken place as a result of the placement. Using reflective processes, students will also be invited to contribute to the development of interprofessional capabilities and the identification of positive learning opportunities that would facilitate the achievement of these capabilities.

If you wish to discuss the CULU project, please don’t hesitate to contact any member of the team: culing@sheffield.ac.uk, telephone: 0114 271 3915/3943, or visit our website on: http://www.sheffield.ac.uk/culu
UPDATE ON THE ADNS PROGRAMME (ALL BRANCHES)

1. ELECTIVE PLACEMENT

Some students have expressed an interest in undertaking an elective during those weeks when they do not have either a University or clinical commitment. In order to facilitate this the following procedure has been developed.

ADNS Student Elective Procedure

Any student wishing to undertake an elective in their free-time weeks should follow this procedure.

**ACTIVITY**

- This is a student directed activity and all arrangements have to be made by the student.
- Prior to contacting the area the student must seek clearance from the placements department.
- Failure to do this may result in the elective being terminated if support for students is compromised.
- If the student is seeking an experience outside their School's placement circuit they should contact the institutions placement department to seek clearance.
- The student will need to arrange insurance. They should contact their union or the Union of Students for advice.
- The student should inform the placement provider of the arrangements made for insurance purposes.
- The student may be required to provide a letter of support. They should contact their Personal Tutor.
- The student should inform their personal tutor of the arrangements made for their elective experience.
- Time spent on an elective cannot be used to make up time lost from the programme.

**RATIONALE**

- The elective is part of the formal programme and as such the School cannot accept responsibility for arrangements.
- To prevent any overloads in popular areas as this would hinder the progress of students undertaking formal placements in the area.
- As the elective is not a formal part of the course the student is not covered by this School's insurance.
- To ensure the placement provider is aware that this School does not accept responsibility for the students' safety and that the student is appropriately licensed by a third party.
- A letter of support may be required by other institutions. This letter is in no way an acceptance of responsibility for the student by this School.
- The experience can be noted in the personal file and may be mentioned on the final reference where applicable.

2. UNAUTHORISED ABSENCE FROM PLACEMENTS (ADNS ADULT ONLY)

It has come to our attention that some students are fraudulently taking time off clinical placement. These students are using sick or placements, for example CCUTU. The sickness is not officially recorded, as they do not appear to be documenting it in their assessment schedules or informing school. This results in a shortfall in the hours required by the NMC. If you are concerned that any student in your clinical area may be demonstrating unprofessional behaviour please contact your Clinical Link Tutor immediately.

3. REMOVAL OF TWO OF THE COMPETENCIES IN UNIT 5

Following consultation with mentors, the decision has been made by the Board of Studies for the ADNS programme that the following two competencies do not require to be assessed during Unit 5.

**Domain:** Professional/Ethical Practice

**Competency 2:** Manages the practice of others in accordance with professional guidelines.

**Domain:** Personal/Professional Development

**Competency 10:** Participates in the support of junior students.

PLEASE NOTE THAT THESE COMPETENCIES WILL REQUIRE TO BE ASSESSED DURING UNIT 6.

Ruth Giridham and Jo Chilvers
Joint Programme Leaders, ADNS (Adult Branch)
On behalf of the ADNS Programme Leaders

---

**Question:**

Must students do as they are told by clinical staff?

**Answer:**

Yes, unless they have a good reason not to. Situations occasionally occur in which the student's knowledge or judgement warrants them questioning an instruction. When this happens they must make their case known in an appropriate manner, and it is important your response reflects that. These can be emotionally charged situations and it is easy for a conflict to arise and escalate or for one party or both to feel discomfort and even be hurt by the associated anxiety.
STUDENT SUPPORT
WHILE ON CLINICAL PLACEMENTS

The majority of trusts which provide clinical placements for pre-registration students have senior nurses employed by the trust to support students, mentors and learning environment managers, and liaise with link lecturers. These posts have proliferated nationally as part of the Fit for Practice initiative, recognising and valuing the 50% of nurse education that takes place in practice. The ‘student support officers’ aim to ensure a high quality learning environment to enable students to achieve the statutory clinical competencies and to help them in the process of learning to become a nurse or midwife. These posts often incorporate other roles that are linked to the cadet scheme, post registration education, mentor preparation, overseas nurses, to mention a few.

The current incumbents are as follow:

■ Sue Hopkins, Head of Student Support, Sheffield Teaching Hospitals NHS Trust: 0114 2712757; sue.hopkins@sth.nhs.uk

■ Michelle Freeman, Student Support Co-ordinator, Sheffield Teaching Hospitals NHS Trust: 0114 2715162; michelle.freeman@sth.nhs.uk

■ Linda Jackson, Student Support Co-ordinator, Sheffield Teaching Hospitals NHS Trust: 0114 2711970; linda.jackson@sth.nhs.uk

■ Lorraine Reed, Student Support Co-ordinator, Sheffield Teaching Hospitals NHS Trust: 0114 2713942; lorraine.reed@sth.nhs.uk

■ Merryn Barton, Education Advisor, Chesterfield Royal Hospital Trust 01246 513512, Merryn.Barton@chesterfieldroyal.nhs.uk

■ Ann Burke, Professional Development Nurse Sheffield West PCT 0114 2264649; Ann.Burke@sheffield-pct.nhs.uk

■ Rachel Wilson, Professional Development Nurse, Sheffield South West PCT 0114 2264116; Rachel.Wilson@sheffieldsw-pct.nhs.uk

■ Jane Dennison, Clinical Placement Coordinator, North Derbyshire PCTs 01246 515625; jane.dennison@nederby-pct.nhs.uk

■ Angela Glover Learner Support Officer Barnsley PCT angela.glover@barnsley-pct.nhs.uk

■ Pauline Barber Doncaster and Bassetlaw NHS Trust: 01909 500950 ext 2924 Pauline.barber@bhcs-tr.nhs.uk

■ Kathryn Deighton Learning & Development Co-ordinator, Doncaster & South Humber NHS Trust: (01302) 796270, Kathryn.Deighton@dsuh.nhs.uk

■ Lisa Leach (1.10.2003 - 30.4.2004) Rotherham General Hospitals NHS Trust: (01709) 304680 Lisa.leach@rothgen.nhs.uk

Sue Hopkins

STOP PRESS

Look out for the Mentor Update Workbook and the Mentor Evidence Record. They will be arriving in your area during November to December.

Have You Read?


This handbook is a review of current research findings and contemporary issues in health education. Although most of the research findings have come from the study of medical education, the handbook will be useful to teachers and researchers in all health professions, and should help mentors identify an evidence base for their assessment decisions. This handbook - a tome may be more apt! - comes in two parts. Part One focuses on research traditions, learning, the educational continuum and instructional strategies. Part Two focuses on assessment and implementing the curriculum. The section on assessment may be of particular interest to mentors.

Ci Ci Stuart

Please contact Ci Ci Stuart (tel: 0114 222 9760, email: c.c.stuart@sheffield.ac.uk) if you have any contributions for, or views about, The Assessor.

© The University of Sheffield, 2003