Assessment matters—mentors need support in their role

Maggie Bennett and Brian McGowan

Abstract

Background: In the UK the Nursing and Midwifery Council (NMC) standards to support learning and assessment in practice state that mentors are responsible and accountable for the assessment of pre-registration nursing students in practice. This study was undertaken to explore mentors’ experience of assessing nursing students in practice post implementation of the NMC standards. Method: Five focus groups were conducted with mentors (N=35) who had assessed adult pre-registration nursing students in the previous 12 months. The focus groups were recorded, transcribed and analysed to generate categories. Results: Five categories were identified from the data: Changing roles and responsibilities; Exploring the past to understand the present; Just knowing; The odds; Time to mentor. The findings highlighted that mentors were aware of their role and responsibility for the assessment of students in practice. However, many felt this was a new responsibility and role in which they lacked experience. Some existing mentors felt that they may not have had the necessary preparation to effectively assess students in practice and identified their need for support. Conclusion: Given that mentors are expected to be competent assessors of students in practice and protect the public through gate-keeping professional registration, this study suggests that serious consideration should be given to how mentors are prepared and the ongoing support and education they receive in assessment.

Key words: Mentors n Experience n Assessment n Support n Knowing

Introduction of the Nursing and Midwifery Council (NMC) standards to support learning and assessment in practice resulted in changes to the context of practice-based assessment of students by clarifying the role of the sign-off mentor and unequivocally allocating the accountability for such assessment decisions (NMC, 2008a). Link lecturers, who were previously actively involved, are no longer required to be signatories of the summative assessment of student nurses in practice. This led to questions being raised about the validity of competence assessment and in particular mentors’ experience of this.

This study was carried out in a health and social care trust in Northern Ireland, following the implementation of the NMC standards (2008a). Mentors’ experience of assessing students in both primary and secondary care settings was explored by using focus groups to enable their voice to be heard.

Background

Practice-based learning and assessment is fundamental to nurses’ education and the NMC underlined this when it clarified the professional responsibility to facilitate nursing students to achieve competence (2008a). However, perceived difficulty in assessing students’ clinical practice is longstanding and has received much attention in the nursing literature from the perspective of education providers who are responsible for curriculum planning (Norman et al, 2002; Bradshaw and Merriman, 2008; Fitzgerald et al, 2010; Holland et al, 2010). In contrast, McCarthy and Murphy (2008) claimed that the experience of mentors, who are accountable for decisions about competence in practice, has been under-researched.

The influential work of Duffy (2003) identified the concept of mentors ‘failing to fail’ and was instrumental in the development of standards to support learning and assessment in practice in the UK (NMC, 2008a). The standards provided a framework to articulate principles, clarify accountability and ultimately enhance the quality of learning in practice (Box 1). As a result, mentors and sign-off mentors, through assessment in practice, act as the gatekeepers to professional registration and ensure students are fit for practice and purpose at the end of a period of practice learning. However, several years after the issue was first raised, and despite implementation of the standards, it has been reported that mentors are still ‘failing to fail’ poor students (Gainsbury, 2010). Hunt et al (2012) claimed that this was indicated by failure rates for theoretical assessments in higher education institutes outstripping failure rates for practice-based assessments by five to one. This is of major concern for a profession that considers practice to be its core element.

Aim

The aim of this study was to explore mentors’ experience of assessing pre-registration nursing students in practice in order to understand the rewards and challenges they faced.

Methods and ethical considerations

This qualitative study used focus groups as the method of data collection to gain insight into the experience of mentors in...
practice. The focus groups were designed and conducted in accordance with the realist approach described by Krueger (1994) and mirrored the discussion format that the mentors were familiar with as part of their annual update activities. Ethical approval was granted by the Office for Research Ethics Committees in Northern Ireland, the trust and the higher education institute.

Mentors and sign-off mentors with experience of assessing adult pre-registration nursing students in the previous 12 months were selected randomly from the trust mentor database. Letters of invitation were sent to each potential participant in their clinical area. In accordance with the requirements of informed consent the letters included the title and purpose of the research study and participant information (Munhall, 2010). This outlined the procedures to be followed in the study, including ground rules for the focus groups, and the participant consent form. The need to digitally record the focus groups to allow verbatim analysis was highlighted. Potential participants were also given the opportunity to ask further questions from a member of the practice education team and contact details were provided of an independent advisor, prior to consent. Participants were informed that their participation was voluntary and that they were free to withdraw at any time without giving a reason and without their rights being affected in any way. The guidance protocol read before each focus group reminded participants that they were free to leave the study at any point. Written informed consent was obtained from each participant before the start of each focus group. The researcher assured confidentiality of participants’ information by securely storing the data. Each participant was given a unique identification number to provide anonymity during transcription and to ensure direct quotations were not attributable to individuals. Arrangements for support were put in place in the event of a focus group causing distress to any individual. It was agreed that the moderator would provide support at the time of the focus group and follow-up support would be offered from the practice education team and trust occupational health department. As part of the consent process it was highlighted that if practice contrary to the NMC Code (standards of conduct, performance and ethics for nurses and midwives) (NMC, 2008b) was disclosed, this would be acted on as a professional responsibility. In this instance, it was made clear that confidentiality of the participant could not be assured. In the event of issues of staff competence being raised, it was highlighted that the trust policy and the NMC (2010) guidance, Raising concerns, would be adhered to with follow-up support if necessary from the trust occupational health department. Any concerns raised in relation to student nurses in practice would be addressed according to the higher education institute’s protocol. During the research study, none of the participants required support and no issues were raised that required follow-up action.

Data collection and analysis
A total of five focus groups (A–E) were conducted with 35 participants in total, which ranged from five to ten participants. Each focus group lasted between 60 and 90 minutes. A series of open-ended questions were used across all of the focus groups to explore the participant’s experience of assessing students in practice. Each focus group was digitally recorded and transcribed verbatim. The transcripts from the interviews were analysed using the six-stage pragmatic approach to qualitative data analysis described by Newell and Burnard (2011) (Table 1). An audit trail of analysis decisions was kept and interpretation of the transcripts was primarily carried out by the first author and verified by the second author to ensure interpretive validity (Cohen et al, 2003: 107).

Results
Five categories were extracted from the data (Table 2). In the reporting of excerpts from the focus groups, pseudonyms have been used to protect participants’ anonymity.

Changing roles and responsibilities
This category label was chosen to reflect that participants’ expressed the idea that their role and that of others (link

Table 1. Overview of the thematic content analysis process, stage one to six, guided by Newell and Burnard (2011)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Stage one</td>
<td>Notes were made after each focus group regarding the topics discussed. A memo was made of any idea, theory, thought or feeling that was evoked by discussions in the group.</td>
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<tr>
<td>Stage two</td>
<td>The transcribed data from each focus group was read through and notes made in the margins of the transcripts on general themes that appeared. The aim in general was to become immersed in the data and to get to know it very well.</td>
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<tr>
<td>Stage three</td>
<td>In stage three, described as ‘open coding’, the transcripts were read repeatedly. Words and phrases were written in the margin of the transcripts to summarise or categorise what was said in the text. The content was categorised under headings until all aspects of it were described.</td>
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<td>Stage four</td>
<td>The categories to describe the data were collected together and those that overlapped were grouped under higher order codes. This stage reduced the number of categories to a manageable size and ensured the difference between them was apparent.</td>
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<td>Stage five</td>
<td>In this stage, the transcripts were returned to, with the shortened list of category codes. The text was coloured coded, using brightly coloured transparent ink marker pens, under the shortened list of category codes. The transcripts were cut up according to the different colour sections, reflecting the categories identified.</td>
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<td>Stage six</td>
<td>This resulted in the data from the five focus groups being merged together to facilitate the presentation of the findings in this qualitative report (Table 2).</td>
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Box 1. Summary of NMC standards to support learning and assessment in practice
- Students on approved NMC courses supported and assessed by mentor
- Sign-off mentors make the final assessment of practice
- Placement providers keep an up to date local mentor register
- Mentorship preparation programmes approved by NMC
- Mentors required to undertake annual updates and triennial review
- Ongoing achievement record to document student progress (NMC, 2008a)
Participants described the variety of roles they had with students such as guide, friend, supporter, facilitator, mentor, assessor, teacher, role model and influencer that echoed the work of Darling (1984). One participant summed up multiple roles when she said:

‘I was her mentor, facilitator, her everything.’ (Fiona, B4)

Changing between these roles, however, presented challenges. This was illustrated in this study by the following exchange:

‘I see a mentor as somebody that…I take them under my wing and then bring them on. And I don’t think it should be fair that maybe, at the end of that, if I have been given that role of really looking after them to say, well sorry, you know you are not up to speed…’ (Ruth, A6)

‘I can see where you are coming from…taking them under your wing…and then having to do their assessment…’ (Francis, A5)

Interestingly, only one mentor in this study had personal experience of failing a student but articulated clearly her professional responsibility to ensure the protection of the public when she said:

‘It was hard to do, nobody wants to do that to anybody but you have to think at the end of the day, if she is going out and looking after a relative of yours…she just wasn’t safe at all. I think it is part of our job to do that, it might not be nice.’ (Kate, C9)

One of the key changes identified by the participants was that they had experienced reduced link lecturer contact in practice. This perceived change underscored to mentors their pivotal role in assessment. The importance of taking ownership of student assessment was highlighted by one participant who said:

‘I think it is going to be more important too, that we will all be mentors and assessors…there is going to be less link lecturers and I think that is going to lie with us, maybe, that if there is problems that we take ownership.’ (Alice, A7)

The need for support was summed up by one participant:

‘You did feel you had a bit of support and I think the student felt they had support as well. I just feel it was somebody else there, you just weren’t seen as doing everything.’ (Fiona, B4)

Exploring the past to understand the present
Participants in the study reflected on their own experience of nurse education and assessment in practice as a benchmark to make sense of their current role, as illustrated by the following extracts:

‘I mean, not harking back to the old days, but we would have had our surgical and medical placement in every single year, so you would have been guaranteed to be on a medical ward and surgical ward, year 1, year 2 and year 3.’ (Doris, E1)

‘I suppose I am not clear what, at what level they should be at, at the end of year 1, year 2 and year 3 and I suppose when I trained you were more clear of where you should be.’ (Ruth, A6)

Just knowing
Participants in the study described how first impressions of students were important. This was illustrated by one participant who said:

‘…I think you know within the end of the first day, maybe that is judging somebody, I don’t

Table 2. Categories extracted from the data

<table>
<thead>
<tr>
<th>Category</th>
<th>Focus</th>
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<tr>
<td>Changing roles and responsibilities</td>
<td>☐ Assessment perceived as a new role</td>
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<tr>
<td></td>
<td>☐ Degrees of accountability</td>
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<tr>
<td></td>
<td>☐ Mentors experienced conflict between their different roles</td>
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<tr>
<td></td>
<td>☐ Assessment perceived as punitive</td>
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<td></td>
<td>☐ Role of the link lecturers</td>
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<tr>
<td>Exploring the past to understand the present</td>
<td>☐ Difference in current education programmes from their own experience</td>
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<td></td>
<td>☐ Impact of change</td>
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<tr>
<td>Just knowing</td>
<td>☐ Intuition</td>
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<td></td>
<td>☐ Importance of first impressions</td>
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<tr>
<td>The odds</td>
<td>☐ Luck</td>
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<tr>
<td></td>
<td>☐ Lack of experience and confidence in managing a failing student</td>
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<tr>
<td>Time to mentor</td>
<td>☐ Time</td>
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<tr>
<td></td>
<td>☐ Service pressures</td>
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know but you do know.’ (Jane, E7)

Participants recognised that their assessment of students was often subjective and as described by the following participant:

‘I think it is how they apply themselves; in four or five days you can tell and that is not maybe the way [the higher education institute] are looking for us to do it but I mean we are all human and that is the way’. (Edel, D5)

The odds

Only one participant in the study had been responsible for a failing student and the others felt they had been ‘lucky’ not to have this experience:

‘Personally I am lucky; I haven’t had a bad student. I have been very lucky with my students.’ (Gail, C8)

In this study participants’ lack of experience and confidence impacted on how they felt about managing a failing student.

‘I be nearly…nervous whenever you are getting another student. I hope they are good. I wouldn’t really want to get a bad one.’ (Helen, D4)

Time to mentor

Participants described the lack of time they felt they had to work with students. This was identified as a major challenge and impacted on assessment.

‘I have just found in your ordinary working day you wouldn’t get time to sit down for like an hour and say this is what we have done so far, this is what we need to do next, kind of thing.’ (Sharon, A3)

The standards (NMC, 2008a) require sign-off mentors to be allocated 1 hour protected time per week to reflect, give feedback and keep records of students’ achievements in their final placement of practice learning.

‘The protected time with the student has really made a big difference, it really has, at least a couple of hours out of work, you can get a way off the ward.’ (Dawn, E5)

Sign-off mentors in the study felt this requirement had made a difference and supports the argument that all mentors should be allocated protected time with students to fulfil their role (Lauder et al, 2008; Beskine, 2009).

Discussion

The mentor’s role in the assessment of student nurses in practice, in the UK has been clarified by the standards to support learning and assessment in practice (NMC, 2008a). Notably, participants in this study felt the responsibility for the assessment of students in practice was a new and recent change to their role. This is important, as Huybrecht et al (2011) argued that the mentor’s perception of the role is undoubtedly an important influencing factor on his or her performance. Consequently, the findings in this study suggest that some mentors may lack experience in the assessment of students and may have relied on the link lecturer to inform their assessment. Participants also described the confusion they experienced between the supportive elements of their role and the perceived negative aspects, notably that of being an assessor, which has also been documented by Bray and Nettleton (2007). This, it could be argued, was predicated on mentors having a narrow understanding of assessment and its role in student development, perceiving it mainly as a punitive process.

Some participants acknowledged their tendency to make a subjective assessment of students early in the placement and this introduces an element of doubt into assessment decisions placed at the end of periods of practice. It is imperative that mentors and sign-off mentors, as assessors of students in practice, make valid and reliable assessments based on the whole placement. To enable this they require an accurate knowledge of the student’s curriculum and, perhaps more importantly, current assessment strategies, which may differ significantly from their own personal experience of nurse education. In addition, this study suggests that mentors should explore how influential student attributes such as initiative in practice, perceived level of interest and previous experience contribute to their overall assessment (Duffy, 2003; O’Callaghan and Slevin, 2003; Halin and Danielson, 2010).

Only one participant in the study reported having experience in managing a failing student. The importance of mentor preparation and training, particularly in managing a failing student was highlighted by Duffy (2003) and although this is now included in mentorship preparation programmes, many existing mentors may not have had formal preparation or experience of managing a failing student in practice because of the capacity to map previous experience. Duffy (2003) identified that mentors who were not adequately prepared lacked confidence in assessment and could be more inclined to give students the benefit of the doubt. The future training and support of existing mentors needs to prepare them for their role in a fail scenario. Duffy (2003) also highlighted that time constraints and service pressures contributed to the ‘benefit of the doubt’. The need for mentors to have time with students to fulfil their role is well documented and is a key recommendation in a recent independent review of nurse education (Bradbury-Jones et al, 2007; Lauder et al, 2008; Beskine, 2009; Willis Commission on Nursing Education, 2012).

Hunt et al (2012) identified that failure rates for theory modules exceeded practice-based assessments by five to one. This raises the question: why? Consequently, relatively few mentors have had experience of dealing with a fail scenario. Rather than this being a matter of luck, the assessment tools available to mentors have been questioned along with the concept of clinical competence assessment as a whole (Norman et al, 2002; Watson, 2002). Norman et al (2002) in a study to test the validity and reliability of selected nursing and midwifery competence assessment tools, identified that very few students fail practice-based assessments. This calls into question the validity and reliability of assessments by mentors and more work is required to ensure that this is addressed.

Yanhua and Watson (2011) found in a literature review that,
Conflict of interest: none