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# The Assessor

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

## Editorial

The three little words 'assessment takes time' were probably written with much feeling and understanding by Phillips et al (2000:150) after their intensive investigation of the assessment of clinical practice in pre-registration nursing and midwifery education.

Assessment does indeed take time. I would contend that good assessment takes even more time. Time has to be allocated for 'assessment-only' activities to enable mentors to engage in the process of continuous assessment so that clinical assessments serve the intended purposes of the achievement of 'fitness for practice' and 'fitness for purpose'. Only then can a mentor say with confidence that assessment decisions have been made with validity and reliability. Mentors will then also be able to make the correct final assessment decision with confidence. This is particularly important when a student is a 'cause for concern' and a 'fail' decision may have to be made. Reasons for 'failure to fail' are numerous. Read about some of the contributory reasons for this in this issue of 'The Assessor'. Have you had experiences of having failed students or even 'failing to fail'? If you have, we would like to hear about your experiences.

We are all aware that clinical practice comprises 50% of the curriculum to enable the achievement of NMC standards of proficiency (previously referred to as competencies). The learning on clinical placements is facilitated by mentors, and as such, the mentor is the key person in determining the quality and quantity of clinical learning (Spouse 2002). Learning during clinical placements has come under much closer scrutiny in recent times. During its annual monitoring visits of pre-registration programmes, the NMC visits and reviews placement areas to evaluate the educational provisions for the clinical experience of students. During major reviews of NHS-funded health programmes throughout England by the Quality Assurance Agency for Higher Education (QAA), reviewers will visit identified clinical areas. We are scheduled for a Major Review in Spring 2006. Read about what this is about and how you could be involved in this.

The 'new look' of The Assessor in full colour, incorporates the University's new corporate design. We hope you continue to enjoy reading this newsletter, and keep in touch.

Ci Ci Stuart

### References

Phillips T, Schostak J, Tyler J (2000) *Practice and assessment in nursing and midwifery: doing it for real*. London, The English National Board for Nursing, Midwifery and Health Visiting.

Spouse J (2002) *Professional Learning in Nursing*. Oxford, Blackwell Science.

## How to contact your Clinical Link Lecturer

The following placement officers in the School of Nursing and Midwifery will be able to let you know who your clinical link lecturer is and the contact details.

- Areas used for Adult Placements in Sheffield, Sheffield Community and for Sheffield Hallam Adult branch students - Rebecca Nelson on 0114 222 9843; email: r.s.nelson@shef.ac.uk
- Areas used for Adult Placements and Community in Chesterfield and Bassetlaw – Jill Adamson on 0114 222 9839; email: j.adamson@shef.ac.uk
- Areas used for Adult Placements and Community in Barnsley, Doncaster and Rotherham – Annabel Woods on 0114 222 9826; email: a.woods@sheffield.ac.uk
- Areas used for Mental Health at all sites and for Sheffield Hallam Mental Health branch students – Alison Thorne on 0114 222 9826; email: a.thorne@shef.ac.uk
- Areas used for Learning Disability at all sites - Jill Adamson on 0114 222 9843/2229839; email: j.adamson@shef.ac.uk
- Areas used for Child Branch at all sites and for Sheffield Hallam Child branch students – Nicola Kahler-Lee on 0114 222 9840; email: n.kahler-lee@shef.ac.uk
- Midwifery areas – Helen Escott (Senior Placement Officer) on 0114 222 9841; email: h.escott@shef.ac.uk

The placement officers are there to assist you – please do not hesitate to contact them.

# It's Almost Impossible to Fail!



One of the key purposes of assessment during pre-registration education in the health care professions is to select, and thus only allow those who are suitable, to become registrants on the professional register. Assessors thus have a 'gate keeping' duty as assessment serves as a form of quality control prior to being allowed passage through the 'gate of standards' of the profession. Clinical mentors contribute to this vital quality control by making the crucial 'pass/fail' assessment decisions when students are on placements. Although we are all keenly aware of the importance of assuring 'entry level competence', there are many who have 'slipped through the net'. **There are probably practitioners on professional registers whose names should never have been entered at all.**

There is a '**failure to fail**' students with grave consequences for the public that we serve and whose health and well being are supposed to be protected by the registrants on the professional register (NMC 2004). In recent times, the case of Beverley Allitt (Clothier et al 1994) is perhaps the most tragic example of how the nursing profession has let the public down very badly. Beverley Allitt was an enrolled nurse who was convicted of murdering 4 children and harming 9 others, some of whom have been left severely brain damaged. In 1990 when she was still a student, she took 94 days off sick which delayed her qualification. As a student, she had a history of inflicting injuries on herself and others. How did she pass her training? or, why was she not failed? how did she cross the 'gate of standards'?

This complex problem of 'failure to fail' is not new and appears to be a continuing challenge for assessors of students on professional courses. In the health professions, 'failure to fail' is reported in literature relating to assessment from the fields of social work (Brandon and Davis 1979), medicine (Green 1991), nursing and midwifery (Lankshear 1990; Bedford et al 1993; White et al 1994; Fraser et al 1997; Duffy 2004) and occupational therapy (Ilott and Murphy 1997). The teaching profession

## Major Review – why and how it

### What is a Major Review?

The Quality Assurance Agency for Higher Education (QAA) is commissioned by the Department of Health to review the quality of education on all NHS-funded health programmes throughout England. We are scheduled to be reviewed in Spring 2006. The educational provision will be reviewed for its suitability and capability to prepare students who will be fit for practise, purpose and academic award.

**A key focus of the review is the examination of the quality of educational activities that take place in the practice setting.**

### What are the outcomes of a Major Review?

The outcomes of a major review on academic and practitioner standards are concerned with:

- The appropriateness of the intended learning outcomes
- Effectiveness of curriculum design
- Assessment arrangements
- Actual achievement of students

Possible judgments range from 'confidence', 'limited confidence' or 'no confidence'.

Those on the quality of learning opportunities are concerned with:

- Effectiveness of teaching
- Learning resources and academic support
- Promotion of student learning and achievement

Possible judgments range from 'commendable', 'approved' or 'failing'.

### Who are the reviewers?

The reviewers are drawn from education and practice backgrounds, are considered experts in their field and have all received training as reviewers. They will thus have an understanding of the challenges of preparing practitioners of the future, and in continuing to develop the knowledge and skills of experienced practitioners.

### Who is involved?

It is vital that everyone who is involved in any capacity in the educational preparation of nurses and midwives is involved in the preparation for the review as reviewers will be speaking to a range of stakeholders which include:

- Service providers (practitioners)
- Academics and support staff
- Students
- Service users and carers
- Independent/ voluntary sector

has the same problem (Hawe 2003). References are made to assessors giving students the benefit of the doubt in marginal situations instead of awarding a fail when it was clearly warranted. What is also of concern is that students are aware that they can get round weak areas of practice. A student in White et al's study (1994:103) said that 'it is virtually impossible to fail the practical part of the course'.

Why do mentors find it difficult to assign a fail grade? There are no straightforward answers and it would appear that professional and strong affective and personal overtones/factors influence assessors' decision making process when confronted with having to make a fail decision. From a review of some of the literature relating to assessment in professional education I have attempted to give a summary of the main reasons for not failing students.

Lankshear (1990) found that staff were loath to fail students knowing that awarding a fail meant additional work for them plus having to deal with the rancour of the student.

Ilott and Murphy (1997) explored the affective responses of assessors in fail scenarios in occupational therapy courses

in the UK. Feelings reported included anxiety, guilt, distress, self-doubt, regret and relief. For some of the assessors, the emotions were so strong that a pass grade was awarded over a fail. Whilst the failure to fail seemed the less stressful option, it often engendered its own degree of guilt and shame in the assessor.

Ilott and Murphy (1997) also commented on the acute sense of personal failure felt by assessors when students failed, thus construing the assessment process as a reflection of their personal and/or professional worth.

A personal dilemma for many assessors is that of feeling that failing a student is incongruent with being a health care professional whose central role is to 'care' (Ilott and Murphy 1997; Fraser et al 1997; Duffy 2004).

Many studies reporting the assessment of pre-registration nursing and midwifery students in the UK show that where mentors lacked confidence in assessing, had poor preparation for their role, do not know the student very well or where they did not have sufficient assessment evidence, the benefit of the doubt was more likely to be given (Bedford et al 1993; Fraser et al 1997; Duffy 2004).



Students manipulate assessors or the system to avoid failure (White et al 1994; Fraser et al 1997).

Duffy (2004) also found that mentors need more support from colleagues and education staff to fail incompetent students. In a study of undergraduate and postgraduate professional training, Green (1991) found that assessors lacked support from colleagues, managers and lecturing staff when making fail decisions, with some practice teachers even experiencing considerable pressure to pass students.

It is difficult to fail students in their third year as assessors do not want to be responsible for ending students' careers so late in a programme. Equally difficult is failing first year students as there is the held notion that problems will resolve as students progress through the course (Duffy 2004).

# involves you as practitioners

The involvement and representation of everyone is required in preparing for the review, the writing of the Self Evaluation Document (SED) and the actual visits of the reviewers.

## What is a Self Evaluation document (SED)?

The preparation process begins with a series of events aimed at gathering information from all stakeholders in order to inform the writing of the Self Evaluation Document (SED). This document forms the basis for the review and it will reflect:

- What we do
- How we do it
- How well we do it
- The challenges we face
- The evidence we have for the above points

## How can I have my say?

For people in Sheffield and Rotherham, we encourage you to visit either or both the following sessions to share your views. Similar sessions had been held in Barnsley, Chesterfield and Doncaster.

Trust site	Date	Venue	Time
Rotherham	31 May 2005	Birch/Elm Room Oak House Rotherham PCT	10.30-12.30
Sheffield	17 June 2005	Chatsworth Room Rivermead Centre Northern General Hospital	10.30-12.30

During first hour information about the major review will be given; the second hour is available for you to drop in as you wish. Please contact Debbie Abernethy on 0114 229819 to enquire about availability.

## Will the reviewers visit my area?

The Self Evaluation Document and some accompanying supportive documentation will be sent to the reviewers. Suggestions of placement areas for reviewers to visit will be made. Although we make recommendations, the reviewers can ask to visit any of the placement areas in use. If you were visited during the Major Review for Sheffield Hallam University in 2001 you will not be visited as part of this review.

We will receive notification of the proposed dates for the visits and those clinical areas chosen by the reviewers. These areas will be notified as soon as the University is informed.

## What will the reviewers be looking for?

Normally two reviewers will visit your area, and will be interested in the following:

- The range and nature of learning resources in the area
- Talking with practice staff, other members of the inter-professional team and students
- Review of the Educational Audit and the live register of mentors
- Mentor preparation and support

An awareness of those factors that contribute to 'failure to fail' may be a first step to understanding why we experience difficulties when dealing with a failing student, and may thus end up passing a student when a fail is clearly warranted. It may also help us to identify the support we need when dealing with these difficult situations. It is clear from the literature that you, as mentors of pre-registration nursing and midwifery students of the University of Sheffield, require support from education staff to undertake your mentoring role which includes making the correct summative assessment decision. Do please

contact your link lecturer (see the information in this issue on how to do so) for support and guidance, especially when you are mentoring students who you consider to be 'borderline'.

Involving the University is a requirement of the assessment of practice process so that students are supported to enable them to achieve fitness for practice. This means that at the point of qualification they are competent, and as registrants on the NMC register they 'possess the skills and abilities required for lawful, safe and effective professional practice with direct supervision' (NMC 2004).

Assigning a fail grade is something that is rarely done lightly or without misgivings. It is a formidable responsibility. **However, do we also assign a pass grade lightly and without misgivings too?** Passing a student is an equally formidable responsibility. I leave you to ponder this question.

I would welcome your views on the issues raised here.

Ci Ci Stuart

Telephone: 0114 222 9760; email: [c.c.stuart@sheffield.ac.uk](mailto:c.c.stuart@sheffield.ac.uk)

#### References

Bedford H, Phillips T, Robinson J and Schostak J (1993) *Assessment of Competencies in Nursing and Midwifery Education and Training*. London: The English National Board for Nursing, Midwifery and Health Visiting.

Brandon J and Davis M (1979) The limits of competence in social work: the assessment of marginal students in social work education. *British Journal of Social Work*, 9(3), 295-347.

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Green C (1991) Identification of the responsibilities and perceptions of the training task held by workforce supervisors of those training within the caring professions. Project 551 prepared for the Further Education Unit, Anglia Polytechnic.

Hawe E (2003) It's pretty difficult to fail: the reluctance of lecturers to award a failing grade. *Assessment and Evaluation in Higher Education*, 29(4), 371-382.

Ilott I and Murphy R (1997) Feelings and failings in professional training: the assessor's dilemma.

*Assessment and Evaluation in Higher Education*, 22(3), 307-316.

Lankshar A (1990) Failure to fail: the teacher's dilemma. *Nursing Standard*, 4(20), 35-37.

Nursing and Midwifery Council (2004) *Code of professional conduct: standards for conduct, performance and ethics*. London: Nursing and Midwifery Council.

White E, Riley E, Davies S and Twinn S (1994) *A Detailed Study of the Relationship between Teaching, Support, Supervision and Role Modelling in Clinical Areas within the Context of the Project 2000 Courses*. London: The English National Board for Nursing, Midwifery and Health Visiting.

- Student support and guidance
- The process of assessment and supporting documentation
- Evaluation and feedback of clinical placements
- Evidence of inter-professional working
- Professional development for staff

#### Want to know more?

We are confident that our strong partnership with practice will be evident in the review and through working together, the outcome of the review will be positive. We would therefore strongly encourage and welcome you to be an active participant in the process. If you want further information do please access the following sources:

- 'Including YOU in Major Review' newsletters
  - The first newsletter was sent in early February to all Learning Environment Managers. Further newsletters will be distributed in July 2005 and January 2006.

- The QAA website
  - The handbook for major review of health care programmes is an invaluable source of information about the process and the expectations of the review. Annex D is particularly useful. These are available from [www.qaa.ac.uk/health/health\\_home.htm#1](http://www.qaa.ac.uk/health/health_home.htm#1)

The following contacts:

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Remember this review is your review – make sure your views are heard!

Jo Chilvers





# Improving Medication Safety for Patients and Clients

Last year, the Department of Health published a report by the Chief Pharmacist (DoH 2004), highlighting the extent of the problem of medication errors in the NHS. It estimates that the direct cost of these for NHS hospitals may be between 200-400 million pounds each year. This does not include primary and community care settings, nor does it include the indirect costs of litigation. Of the 1460 allegations of misconduct received by the NMC in 2003-2004 (NMC 2004) poor practice made up the greatest percentage of charges at 35%. This covers failure to attend to basic needs, **poor drug administration**, and general unsafe clinical practice. 15% relate to poor record keeping.

**NEWSFLASH!**  
Incorrect and improper administration of drugs continues to cause morbidity and mortality

The DoH report makes recommendations for the education of doctors and nurses, and it is reassuring to see that many of these initiatives are already in place in the ADNS curriculum. For example, basic numeracy is now an entrance requirement for the programme and students are taught numeracy, drug calculations,

pharmacokinetics and drug administration in

Unit one. Then, throughout the course, whilst on study days at the University, they have drug calculation tests, lessons related to their responsibilities in relation to drug administration, avoiding and reporting errors as well as related pharmacology and problems of polypharmacology.

During clinical practice, mentors assess students' numeracy skills, their understanding of medicines, as well as their ability to follow the NMC (NMC 2002) and local guidelines to administer medication competently and safely throughout the 3 years of training. Whilst some mentors seem reluctant to involve students in this activity, the vast majority of mentors devote a great deal of their time supervising and assessing students administering medicines so that they are safe in the administration of medications as this is an important activity of the competent nurse.

As you know, mentors are important role models for students on the ADNS programme, and it is well documented that students learn through observing role models (see for example Davies 1993; Lublin 1992). The reflective assignments that students do throughout the programme require them to focus on aspects of clinical practice whilst on placements. Frequently, the contents of these assignments are a reflection of what students have learnt in practice. As an example, in their second year, students have to write a reflective assignment which focuses on the safe administration of medicines. Whilst many describe good practice, a significant number of students are describing practices which do

not adhere to the NMC guidelines for the administration of medicines (NMC 2002).

Examples include crushing tablets, leaving medication on locker tops, signing the medication chart without having witnessed medicines being taken/given, as well as some instances of covert administration. As these practices have been written about by a large number of students from across a range of placement areas and a number of Trusts it indicates that this is a widespread problem. As the University works in partnership with service providers, individual lecturers are required to feed these issues back to specific wards and Trusts in whatever forum they feel appropriate.

In all spheres of practice, the University expects students to practise according to the standards prescribed by the NMC. Please assist them to uphold these standards so that they become the safe competent practitioners of tomorrow who are 'fit for practice' in order to safeguard the well being of patients and clients.

We wish to take this opportunity to say a big 'Thank You' for your continuing support of nursing and midwifery students of the University of Sheffield. Please do not hesitate to contact me if you wish to discuss any of the issues I have raised in this article. Telephone 0114 2229684; email: a.kelcher@sheffield.ac.uk

Andrea Kelcher  
Nursing Lecturer

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<http://www.nmc-uk.org/nmc/main/publications/FTPAR.pdf>  
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## Question and Answer

### What should I do if a student is dangerous?

A dangerous person in a clinical area is a serious matter; be sure you make the situation clear to your Ward Manager, Learning Environment Manager and the Link Lecturer. The Link Lecturer must be kept informed of the progress of the student until the situation is resolved.

Initially make the student aware of your observation, and of your concern. Attempt to resolve the matter between you. Arrange a progress review with the student. Discuss and give clear and detailed feedback so that your student knows exactly those areas that require

amending. Encourage your student to evaluate her/his performance as the student may be unaware of those areas that require to be amended. Jointly draw up and document a detailed action plan that will provide the learning opportunities to enable the student to learn and improve. Make sure the student has appropriate supervision and support. Arrange to have another progress review in one to two weeks' time.

If the above action has not rectified the situation, and if you are relatively new to the role of mentor, confer with and seek guidance from a more experienced mentor in the immediate clinical area e.g. the Learning Environment Manager or Ward Manager. If that does not lead to a resolution then contact the Link Lecturer again and share your views and seek guidance. If the Link Lecturer is not available then contact the student's

Personal Tutor, and if they are not available their Course Leader, and failing that any member of School staff and ask them to put you in contact with the most senior member of academic staff available. If you have a student support person/team in your organisation, they will be able to assist you.



## NMC guidance on the registration requirements for good health and good character for pre-registration nursing and midwifery students

The good health and good character elements of getting onto the register and renewing registration are set down in legislation. The Nursing and Midwifery Order (the Order) states that the Council must prescribe the requirements to be met as to the evidence of good health and good character to satisfy the NMC Registrar that an applicant is capable of safe and effective practice as a nurse or midwife.

### Why has good health and good character been introduced?

Parliament introduced this requirement into the Order to enhance protection of the public, following a number of high profile cases involving the health and character of doctors and nurses.

### Entry to education

Good health will normally be checked through a health questionnaire completed by the applicant and assessed by a local occupational health department. Good character will normally be assessed by taking up character references from reliable referees. Further information would be obtained from Criminal Record Bureau checks where appropriate.

### Continued participation in education

Programme providers are required to set up processes to monitor good health and good character throughout the programme to deal with any new issues that arise. If you suspect, or are aware, that a student's good character may be in question, you must inform the University. This is done via your link teacher.

### Application to join the register on completion of a pre-registration programme

A supporting declaration of good health and good character must be signed by the designated registered nurse or midwife at the University.

For more information, consult the guidance on good health and good character issued by the NMC, available on [http://www.nmc-uk.org/nmc/main/publications/Guidance\\_ongoodhealthandcharacter-0604.pdf](http://www.nmc-uk.org/nmc/main/publications/Guidance_ongoodhealthandcharacter-0604.pdf) or by phoning NMC on 020 7637 7181. The mailing address is NMC, 23 Portland Place, London, W1B 1PZ.