

The  
University  
Of  
Sheffield.

# The Assessor

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

## EDITORIAL

**Nothing is certain in life, so they say. Change touches us all, be it minor or major. In recent times, a major change for staff and students at the University of Sheffield, School of Nursing and Midwifery, is the transfer of the pre-registration nursing and midwifery contract to Sheffield Hallam University. Some of the implications of this for staff and students are outlined by Mrs Anne Peat.**

One of the key aims of all health care professionals must be to contribute, directly or indirectly, to the education of the professionals of tomorrow. The Nursing and Midwifery Council requires registrants to be proficient so that practice is 'safe and efficient' without the need for direct supervision. It is important to bear this in mind during a period when tension exists and individuals may feel uncertain, challenged and vulnerable. Students may also require more support over this period. Working in collaboration with Sheffield Hallam University and our service colleagues, the



support to students and clinical staff will remain at the same high standard.

In this issue of The Assessor student nurse Joanne Long expresses her views of her experience during one of her placements. Here, Joanne indicates the importance of mentorship for students. Staff nurse Kathy Walsh reflects on how her experience as a student has influenced her current practice of how

she manages feedback to students. Kathy makes it clear that feedback plays a major role in the learning process. Read these and the other articles that, as usual, are published to support your role as mentor to the many nursing and midwifery students that come your way.

We hope you continue to read the newsletter and keep in touch.

Ci Ci Stuart

## SOME IMPLICATIONS AND STRATEGIES FOLLOWING THE TRANSFER TO THE PRE-REGISTRATION NURSING AND MIDWIFERY CONTRACT FROM THE UNIVERSITY OF SHEFFIELD TO SHEFFIELD HALLAM UNIVERSITY

Following the announcement by the South Yorkshire Strategic Health Authority in September 2005 that the pre registration nursing and midwifery training contract will be transferred from the University of Sheffield to Sheffield Hallam University from September 2006, both Universities have been working together and in partnership with South Yorkshire Strategic Health Authority to ensure the smooth transfer of the contract. The University of Sheffield will retain a core group of staff and in addition a number of University of Sheffield staff transferring to Sheffield Hallam University will be seconded back to maintain the quality of programmes for existing nursing and midwifery students.

It will be necessary to move from three existing teaching sites to two sites and eventually to a single site delivery, due to the reduction in student numbers and the need to maintain the quality of the education provision. By September/ October 2007 all pre registration student nurses and midwives will have the theoretical part of their programme delivered at Humphry Davy House; placement allocation will not be affected by the relocation of the academic base.

The high quality post basic education/continuing professional development programmes, top up degrees, post graduate taught and research programmes will continue to be provided by the University. We will continue to work in partnership with our service colleagues to develop new programmes which meet the health and social care agenda.

Mrs Anne Peat  
Dean, School of Nursing and Midwifery, University of Sheffield

# Guidelines for writing witness testimonies

In order to provide assessment evidence in the form of a 'witness testimony', you need to have observed the student participate in care. You will therefore have gathered evidence of the learner's skills. Ideally, this observational data is complemented by questioning the students' understanding of the care given. Questioning may lead to a reflective discussion of the care experience which is likely to enable you to assess the attitudes and values of the student towards that particular aspect of care. You should also have knowledge of the learning outcomes to be achieved.

Testimonies should:

- Be specific to the clinical activity and may comment as appropriate upon the skills, knowledge, understanding, values and attitudes shown.
- Relate to the standards of proficiency outlined in the students' assessment of practice record booklet.
- Give a brief description of the background and circumstances of practice (whilst maintaining confidentiality).
- State the standard achieved by the student, that is, how well the student has performed

The following is an example of a witness testimony.

## **WITNESS TESTIMONY ON STUDENT NURSE MARY**

During an afternoon shift Mary was assisting in the care of clients on the short term area of the unit. When sitting with a client during tea time Mary observed him having an epileptic seizure. I was away from the area at the time so Mary immediately called for help. On entering the dining room I observed that Mary had removed the clients' food and drink away from him and was supporting his upper body and head whilst offering reassurance. It was obvious to me that the client was experiencing a series of seizures as he appeared to regain consciousness for a short time and then enter into another seizure. Both of us continued to support him until he had fully recovered.

During discussion which followed this incident I praised Mary for acting quickly by calling for help and ensuring a safe environment by removing the food and drink which may have harmed the client. Although Mary could not name the specific type of seizure she was able to describe the client's behaviour which allowed me to assess the type of seizure. More importantly Mary had remembered the importance of maintaining the safety of the client by supporting his upper body and head to ensure a clear airway. Mary also reported that she had made a note of the time and duration of the seizure and was able to explain the reasons for recording such information in the client's care file.

Mary acted in a competent and professional manner during this incident and followed the correct procedure when administering first aid.



# 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 student's 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 convinced 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 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 his/her assessment of practice record book. Please see the guidelines for writing testimonies.

## 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, assessment process is much more likely to produce an accurate decision on the student's competencies when testimonies are used.

Overall then, 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.

## The views of a student nurse about her recent placement experience

I am a student nurse coming to the end of my first year and would like to comment on placements and mentorship. I have just completed my second placement on the Day Surgery and Endoscopy Unit at Barnsley District General Hospital and would like to make my views known on what was a very valuable and exciting placement.

I felt this placement was particularly good as the unit as a whole was very supportive and student friendly. I really felt I was valued as a member of the team. My learning experiences were carefully thought out and planned so that each week was spent in a different area which allowed me to experience patients' journeys throughout the unit. Plenty of learning opportunities were made available to enable me to achieve my learning outcomes. Relevant reading material was given to me and questions were welcomed and answered. On the rare occasions when questions could not be answered on the spot, it was always responded to later when the answer was found. As a student I was given the opportunity to participate in lots of procedures and I was encouraged to undertake new skills rather than being forced.

My mentor, Debbie West, was always available to listen to my concerns and guided me through my placement. I felt she went the extra mile to make my placement enjoyable and provide me with learning material.

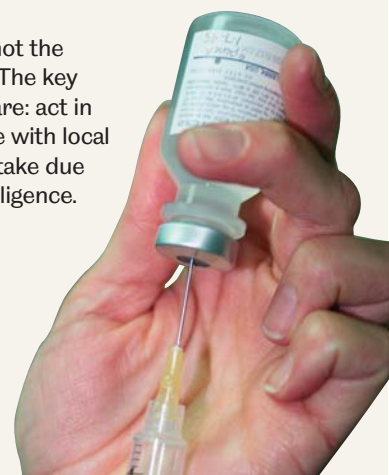
Special thanks to Debbie and all the staff on the unit for making my placement an excellent experience.

Joanne Long  
Student Nurse

## THE STUDENT'S ROLE IN THE ADMINISTRATION OF CONTROLLED DRUGS

1. There is no strict legal requirement for two nurses to sign a book when administering CDs. District nurses don't, for example. However, local policy usually dictates that it is necessary in most areas. Similarly, local policy may dictate that students can or cannot be signatories. It is necessary to comply with local policy it would make a suit for negligence more likely to succeed if one did not and something went wrong. (NB. Complying with local policy does not mean you cannot be found negligent.)
2. Where students comply with local policy and sign for CDs they need to be attentive. They need to provide the standard of care of a reasonably competent qualified nurse and are accountable in law for this. However, if something were to go wrong it is extremely unlikely they would be sued. First, the nurse in charge is far more likely to be liable. Second, even if the error is entirely down to the student, the patient would sue the employer rather than employee. In this case it would be

the Trust, not the University. The key messages are: act in accordance with local policy and take due care and diligence.



# Giving feedback to learners



As a student nurse I remember placements where I felt very unsure about my progress and obtained little in the way of feedback from some mentors as to my strengths and weaknesses. This situation continued once I had qualified and I remember being anxious about my performance because even though I did not receive any negative feedback I also did not receive much positive feedback either. It wasn't until I had my first performance review as a staff nurse that I had the opportunity to question someone else about the areas of work where I had strengths and any areas that needed to be worked on. It was very reassuring that the feedback I received was wholly positive and this enabled me to settle into my role and perform to the best of my ability without constantly questioning myself.

As a mentor to students, I am aware that feedback plays a major role in indicating to students how they have performed. Rowntree (1997:188) states that 'feedback, or knowledge of results is the life-blood of learning'. From my own experience of floundering in self doubt about my own performance I agree whole-heartedly with this statement and always incorporate as much feedback as I can into the continuous assessment of any student. By giving feedback to the learner the mentor is acknowledging any learning that has taken place and identifying any areas that need to be worked on. This will enable learners to progress in their learning and development. During feedback sessions, I also try to encourage learners to evaluate themselves so that they are participating actively in the assessment process.

A student I have just assessed had been on a placement prior to joining our ward team where she was given limited feedback about her performance. Towards the end of that placement she had been told that she spent too much time talking to patients and should concentrate more on 'work'! She came onto our ward with a very negative view of herself and asked me to tell her if she spent too much time talking and not enough time working. At our initial interview I informed her that talking to patients was often as important as obtaining their observations and much can be learnt from this.

During a period of night duty when I worked with this student we had to transfer a lady to the high dependency unit. This particular patient could not speak any English and was very frightened and distressed because she did not know what was happening. We had located a translator but the situation warranted us moving her before the translator had time to get to the ward. Throughout the whole episode the student talked to the patient often using mime and showing her objects to explain what was happening. She stayed with the patient throughout and reassured her by touch and conversation even though she could not understand what was being said. After the patient was safely transferred I spoke to the student and told her how impressed I had been with the way she handled the situation and how her contribution had been invaluable. She was grateful for this feedback and commented that it had given her confidence to continue talking to patients and to develop her communication skills further whilst on this placement and on subsequent wards. The feedback I was able to give her had increased her confidence and hopefully dispelled any self doubt she may have had about her performance.

Although this episode allowed me to give positive feedback to someone rather than negative, all feedback has the potential to motivate students by identifying their strengths and weaknesses. Once this has been clarified then the student can move forward in their learning because they have a clear idea of their progress.

Kathy Walsh

.....  
Reference: Rowntree D (1997) *Assessing students: how shall we know them?* (2nd edition) London, Kogan Page Limited.

## Proposals arising from a consultation on fitness for practice at the point of registration

The NMC is aware of concerns about the perceived variation in competences or fitness to practise, at the point of registration, particularly in relation to student nurses. This consultation was about how we might better ensure that student nurses and midwives are able to practise safely and effectively before they become registered. This included a review of the underpinning principles

that ensure fitness for practice at the point of registration as they apply to programmes that lead to registration with the NMC.

The Council received a report of the consultation at its meeting in March 2006. There was support for:

- Establishing essential skills clusters to complement existing proficiencies for entry to all parts of the register, and strengthening of the competences a student must achieve in a pre-registration programme.
- Strengthening the assessment of competence, including proposals for minimum supervision time by mentors.

- Having a 'Sign-off' mentor to confirm that competency has been achieved at key points in the programme.
- Strengthening the NMC guidance on preceptorship

The Council agreed that the outcomes of the consultation, and the wider fitness for practice reviews, be included in the new Standards for supporting learning and assessment in practice. Look out for these NMC publications as they will affect your role as mentor to pre-registration nursing and midwifery students.

# Evaluating your learning environment

A mentor has to do more than teach and assess. An important part of your work is associated with developing and providing a learning environment for students. In this issue you are assisted to evaluate the learning environment where you work. The aim of this exercise is to alert you and your colleagues to strengths, weaknesses, opportunities and threats associated with your learning environment so that adjustments can be made. To assist you in your evaluation, the learning environment is analysed in four ways:

- practical experiences available
- learning support offered
- practice resources available
- approaches to education

## Practical experience

All practice areas offer experience, but does yours address:

- The different levels of the programme/s your students are at?
- The aims and learning outcomes outlined in a programme?
- The minimum standards set down by the university or other educational authority?

In discussion with colleagues check the items in each of the following boxes, entering either S (strength), W (weakness), O (opportunity) or T (threat). An opportunity exists where you anticipate circumstances improving or resources becoming available to enhance the environment. A threat exists where you know of circumstances developing that might degrade the learning available.

## Box 1. Areas of experiences

Experience	SWOT Evaluation
Relevant range of clients cared for	
Relevant array of procedures/care processes employed	
Local practice demonstrates assessment, planning, intervention and evaluation of care	
Practices consistent with written protocols, policies and unit philosophy	
Sufficient supervision available for learners to practise hands-on skills safely	
Student is welcomed into multidisciplinary team discussions	
Practice is arranged with due regard for health and safety of staff and students	

## Practical resources

Students can access textbooks, research papers and related items through libraries and the internet, but there are some other resources that you need to consider when evaluating your environment.

## Box 2. Resources

	SWOT Evaluation
Are the unit protocols, policies and philosophy up to date and accessible?	
A briefing pack or handout with key staff identified is available for the student	
Essential reference sources are available, such as the drug formulary	
Care plans and records are accessible	
Practice assessment guidelines are	

## Learning Support

Students need to feel supported during clinical placements. As you complete this part of the evaluation compare your answers against any student evaluations of your environment that you have seen.

## Box 3. Mentoring and learning support

	SWOT Evaluation
Ratio of qualified mentors to the number and variety of learners present in the unit	
Other practitioners happy to explain or teach on specific issues or techniques	
Medical/paramedical professionals willing to explain or teach as part of practice work	
Unit/environment leaders demonstrate commitment to learners and mentor work under way	
Unit team demonstrates concern for new team members and their anxieties	
Unit team members offer constructive feedback to learners and the mentor	
Unit team takes responsibility for evaluating student progress	

## Educational approach

Pressures associated with the primary role of the unit must usually take precedence over education, but the very best learning environments have a strategy for assisting learners to develop, even if some learning is incidental. Check the following characteristics about your environment and carry out a SWOT analysis.

## Box 4. Educational approaches

	SWOT Evaluation
There is a clear strategy for inducting the learners	
Learners have regular progress reviews during their placement	
Measures are in place to ensure continuity of student mentorship support	
Learners are encouraged to reflect, question and evaluate care	
Arrangements exist to receive and respond to student concerns or complaints	
Assessments are carried out in a rigorous, consistent and sensitive manner	
The unit/team draws on student evaluations in planning future support provision	

## Taking stock of your findings

At this stage you will have formed a first impression of your learning environment. It is important to compare your evaluation with that of others. As you conduct your discussions take careful note of:

- Any pattern of strengths emerging. Why are you so successful in these areas?
- Any weaknesses that seem repetitive, long-standing or critical. Draw up a list of those that need urgent attention. Consult with your link tutor to minimise the impact of these on current learners in your environment.
- Any forthcoming developments that require work to ensure that the student experiences these as learning opportunities, for example, if new equipment is to be used on the ward, how will students be taught to use it?
- Any patterns of development that seem to threaten your learning environment in more than one way. These usually require outside consultation, with your managers and link tutors.

## Conclusion

A clinical environment that is conducive to learning and supporting students is important. A SWOT analysis relies on perceptions but is, nevertheless, a place to start to evaluate your learning environment. Drawing on the opinions of others, including the students who are currently placed with you, can help you to decide what strategic work needs to be done.

Source:

Price B (2004) Mentoring learners in practice: evaluating your learning environment. *Nursing Standard*, October 13, 19(5), Number 2.



The  
University  
Of  
Sheffield.

# Revised Practice Assessment Documentation for the ADNS Programme

**In response to the UKCC commission's report on issues surrounding Fitness for Practice (UKCC 1999) and resulting revisions to the Nurses and Midwives Rules (2004), the NMC has revised the standards for pre registration nursing education in order to ensure that newly qualifying nurses are able to provide safe and effective nursing care that patients and clients require, and so assume the responsibilities and accountabilities necessary for public protection (NMC 2004 a & b). These changes have necessitated changes to the Practice Assessment Booklets. A phased implementation of the new documents will commence from May 2006 to reduce the potential for confusion.**

Your link lecturer will be furnishing your area with an exemplar booklet and be on hand to offer advice and answer any queries. The fundamental layout remains the same. The main change is that the competency statements have now been replaced by the Standards of Proficiency.

We have also taken this opportunity to enhance other aspects of the booklets based on feedback from mentors. These include the clearer definitions of roles and responsibilities of all those involved in the assessment of practice, strengthening the use of supplementary evidence in the assessment process, raising the profile of the Clinical Skills Map and Testimonies of Others. The use of testimonies of others is particularly important with the increasing use of pathways and supervision by non nurses in some care settings. There is increased emphasis on the need to inform the learning environment manager and the link/personal lecturer if a student is not progressing.

You will find that the orientation section now contains an additional statement i.e.

"I know my responsibilities in respect of data protection and confidentiality" and increased emphasis has been placed on the mentor's role in relation to orientation to placement. The initial interview and intermediate interview pages also offer more direction for both student and mentor and

there is a new page for "Additional Experience Review" for placement pathway experiences of 2 weeks or more. The reflective progress reviews encourage use of a reflective model to provide structure and facilitate skill development for reflective assignments thus strengthening the links between theory and practice.

A further key development is in the review of proficiencies at the intermediate stage where both the student and the mentor are expected to complete an assessment that is documented. This should help to highlight any misconceptions of the student's abilities by both parties and enable the development of an appropriate action plan.

The page for recording student attendance has been revamped in the light of feedback from practitioners to enable the recording of student attendance in hours (rather than night duty and sickness/absence only) ensuring that students demonstrate exposure to 'round the clock' care delivery as required by the NMC.

The final interview page emphasises the need to review all the evidence including skills map and reflective entries to inform the final assessment of the student's overall achievement. The mentor also has to complete and sign a declaration statement which certifies whether the student has or has not demonstrated the required knowledge, skills, attitudes and professional behaviours to warrant a pass grade as a potential future member of the profession.

Penny Hilton  
Nursing Lecturer

Reference: Nursing and Midwifery Council (2004a) Standards of Proficiency for pre registration nursing education. London: NMC.

Nursing and Midwifery Council (2004b) Education, Registration and Registration Appeals Rules 2004 London: NMC.

UKCC (1999) Fitness for Practice: The UKCC Commission for Nursing and Midwifery Education. London: UKCC.

