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Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland

Report to NHS Education for Scotland (NES)

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Executive Summary

In 2010 the UK Nursing and Midwifery Council (NMC) introduced the following recommendation to Higher Educational Institutions (HEI’s) in the UK who provide pre-registration nursing programmes:

“Programme providers must make it clear how service users and carers contribute to practice assessment” (NMC, 2010).

In response to this recommendation, NHS Education for Scotland (NES), further to commissioning a literature review (Gray & Donaldson 2010) and publishing a National Approach document (NES, 2011), commissioned this short term evaluation. The evaluation (January-March 2013) updated appropriate literature post 2010 (including NMC literature in this area), reviewed current processes in the 11 HEIs re: involving service users and carers in assessment, and interviewed representatives from each of Scotland’s 11 HEIs.

The evaluation found the following:

Service user and carer involvement is a concept that is valued, fully embraced and actively incorporated into Scotland’s 11 HEI pre-registration Nursing programmes.

Scotland’s 11 HEIs have introduced processes in their curriculum to address the 2010 NMC recommendation.

Following the 2010 NMC recommendation, recent published literature has drawn attention to the challenges of introducing this recommendation that were not present or not as challenging when addressing service user and carer involvement in student selection, curriculum design and research. Cautionary notes and questions in the literature are posed around (a) the level of evidence and the rationale for introducing this recommendation; (b) exactly how to introduce, and robustly evaluate, the 2010 NMC recommendation and (c) the terminology of the process – the term assessment should be changed to mean that the process should be one of review or comment.

An updated review of NMC literature on the proposed assessment process has shown a slight shift by the NMC with the organisation recently acknowledging the challenges of this process and of the importance of addressing this sensitively.

The challenges of the process and cautionary notes were raised in the interviews with Scotland’s 11 HEI representatives and echoed the issues raised in the post 2010 literature.

HEI interviewees raised concerns about protecting unwell or distressed patients; concern was expressed about the lack of NMC guidance in introducing their recommendation; HEI representatives stated that guidance is required on developing appropriate and functional measurement tools to quantify service user and carer views on nursing students’ practice skills; the HEI interviewees also noted that given power relations in the assessment process can the proposed assessment be genuinely meaningful? HEI interviewees were unanimous in believing that the process should not be called assessment – it should be either comment or review.

Guidance on how to operationalize and reliably evaluate Nursing student practice by service users and carers in a meaningful way, and to the benefit of all key stakeholders involved, requires greater consideration.

A more precise clarification regarding the purpose of, and the way in which, Nursing students’ practice skills are to be addressed and measured by service users and carers are required following the initial 2010 NMC recommendation.
Recommendations to the National Strategic Group for Practice Learning for Scotland.

The 2010 NMC recommendation “Programme providers must make it clear how service users and carers contribute to practice assessment” has raised a number of concerns and unanswered questions about the meaning, suitability and practicability of the recommendation for HEIs in Scotland providing pre-registration nursing programmes.

Following the review of literature around service user and carer involvement in practice assessment post the 2010 NES review, the interviews with representatives from 11 HEIs, reviewing current processes in Scotland’s 11 HEIs, and the update of NMC Literature in relation to service user and carer involvement in student assessment, this report recommends the following to the National Strategic Group for Practice Learning for Scotland.

**Recommendations**

1. A more precise clarification regarding the purpose of, and the way in which, Nursing students’ practice skills are to be assessed and measured by service users and carers is required following the initial 2010 NMC recommendation.

2. This clarification should re-consider the exact purpose, and intended outcomes of the initial 2010 NMC recommendation and take into account recent literature and research initiatives to address this area of nursing education and practice. This would aid clarity of definition as to exactly what the aim of the exercise is and what the perceived added value is for nurse education, the users and carers.

3. A more in-depth discussion and engagement with all key stakeholders (service users and carers; nursing students, mentors, HEI pre-registration nursing programme developers, and general academic nursing staff) is required as to the most effective and meaningful way for service users and carers to contribute to improving nursing students’ practice skills.

4. Re-consideration of the terminology used, (i.e., assessment) in the 2010 NMC recommendation is required. Without clarity of terminology - and consequently meaning – as to what the NMC recommendation actually means in practice settings, there cannot be (i) clarity as to the purpose of the exercise or (ii) clarity in measuring outcomes.

5. A decision is required as to whether the procedure involved in this exercise is assessment, comment or review. The terminology of assessment has connotations within University regulations. The post 2010 UK literature and interviews with HEI representatives in Scotland suggests that the process should be one of review or comment – not assessment.

6. Whichever term is used must be clearly defined, what it actually means in practice clearly explained, and how the service user and carer involvement commentary measured. This is needed to ensure all key stakeholders are fully aware of the purpose, methodology and value of this exercise.

7. How to robustly and meaningfully measure service user and carer views when assessing nursing students’ practice skills requires further discussion.

Guidance is required on developing appropriate and functional measurement tools to quantify service user and carer views on nursing students’ practice skills. Whether such tool/s should be standardised across Scotland or locally developed requires consideration.
8 Flowing from recommendation 7, training and guidance on how to meaningfully conduct the *assessment/review/comment* process should be provided to key stakeholders involved in this process.

9 Guidance on protecting patients who are unwell or distressed must be clearer.

10 Guidance on patient selection for this process and patient information informing them fully of what the procedure involves, and its outcomes, are required.

11 Consideration and clarification on whether this process should be formative or summative for nursing students is required.

12 The role of the mentor in this exercise must be formalised in a clearer way than currently exists. Training of mentors to fully support this process should be considered.

13 Consideration of financial costs of service user and carer, mentor and academic staff involvement in this process is required.

14 Future research or evaluation should consider the student and mentor views of user and carer involvement in the practice assessment process to gain a robust understanding of how and when they consider user and carer involvement in assessment to be of greatest value.
Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Educational Institutions (HEI's) in Scotland

Background
In 2010 the UK Nursing and Midwifery Council (NMC) introduced the following recommendation to Higher Educational Institutions (HEI’s) in the UK who provide pre-registration nursing programmes:

“Programme providers must make it clear how service users and carers contribute to practice assessment”.

NHS Education for Scotland (NES) in February 2010 published a review of literature: National Approach to Practice Assessment for Nurses and Midwives Literature review exploring issues of service user and carer involvement in the assessment of students’ practice (Gray & Donaldson, 2010). The review contained a number of conclusions and recommendations on involving service users and carers in practice assessment.

Subsequent to this literature review, in May 2011 NES published “Developing a National Approach to Practice Assessment Documentation for the Pre-registration Nursing Programmes in Scotland” (NES, 2011). The report contained a number of recommendations, based on the findings of the literature review, which were provided as guidance to Programme Providers in Scotland to facilitate meaningful engagement in planning service user and carer involvement in the assessment of student’s practice in their pre-registration nursing programmes.

In December 2012 NES commissioned a short term (3 month) research project to evaluate current practices on how service users and carers contribute to practice assessment in the 11 HEI’s in Scotland who provide pre-registration nursing programmes.

The short term evaluation project had five tasks:

(i) Provide an update of literature, post the 2010 NES commissioned literature review, on involving service users and carers in practice assessment
(ii) Review current processes for involving service users and carers in practice assessment in Scotland’s 11 HEIs.
(iii) Consider current practice in tandem with the 2010 literature review undertaken as part of the National Approach to Practice Assessment Documentation (NES, 2011) project.
(iv) Clarify criteria used by the NMC (or their agents) to measure service user and carer involvement in pre-registration projects.
(v) Following analysis of the above activities, report findings, and make recommendations to the National Strategic Group for Practice Learning for Scotland.

2013 NES Project: Data Collection Processes
In January 2013 all 11 HEI’s in Scotland providing pre-registration nursing programmes were contacted. A total of 11 semi-structured interviews with 15 HEI members of staff were conducted. New literature, post the NES commissioned 2010 literature review on service user and carer involvement in practice assessment, was reviewed. Current processes for involving service users and carers in practice assessment in the 11 HEIs were reviewed. An update of NMC literature and general material in relation to service user and carer involvement in student assessment, post their 2010 guidance, was also reviewed.
An Update of Literature, Post the 2010 NES Review, on Involving Service Users and Carers in Practice Assessment

Key Literature 2010-2013: Exploring Issues of Service Users and Carer Involvement in the Assessment of Students’ Practice

International literature on this specific issue post 2010 is limited. This updated review will focus on UK literature that has been produced post the 2010 NES commissioned literature review. This literature has focused on the following seven key areas

(i) The challenges of addressing service user and carer involvement in practice assessment. Whilst supporting and advocating the importance and value of service user involvement in student selection, curriculum design and research, recent literature suggests the challenges of involving service users in practice assessment, prior to the 2010 NMC recommendation, were not adequately considered.

(ii) In 21st Century health care, evidence based practice has become a central component of Nursing and general health care practice. Where was/is the evidence base to support the rationale and guidance re: implementation of the 2010 NMC recommendation?

(iii) What should be done to make the involvement process meaningful and not a ‘tick box’ and/or a ‘tokenistic’ exercise?

(iv) The need to address support and training for key stakeholders (service users, academic staff and Mentors) involved in the proposed NMC assessment process

(v) Issues of student, patient and student Mentor power relations and how these could/do interact to affect the proposed assessment process have not been fully considered.

(vi) Terminology. Given the challenges regarding the assessment process, should service user/carer involvement actually be called an assessment? Would the term review or comment not be more appropriate?

(vii) Patient protection. Concerns were expressed around unwell/distressed patients being approached and patients who may feel unqualified to assess students’ practice skills.

For the purposes of this literature update, the above issues are summarised into four categories; Challenges and Cautionary Notes; Feedback and Power Relations in the Assessment Process; Terminology: Assessment, Review or Comment; Involvement of Unwell or Distressed Patients in the Assessment Process.

Challenges and Cautionary Notes

In the context of the 2010 NMC recommendation on involvement of service users and carers in practice assessment, the Willis Commission (2012) report ‘Quality with Compassion: The Future of Nursing Education’ referred to the recommendation as

“…a relatively new and challenging concept for most HEIs, and for their service provider partners. Academic staff needed training to work with service users in a meaningful way, and the NHS was thought to be a hierarchal and patriarchal structure still task-driven rather than patient driven………There were many examples of progress, but much more to do” (Report of Willis Commission, 2012:p.39).

In the same context, in an editorial in Nurse Education Today, Stacey et al (2012) raised a note of caution regarding the involvement of service users and carers in practice
assessment. Whilst supporting, and demonstrating a commitment to, service user and carer involvement in other areas of pre-registration nursing, for Stacey et al (2012)

‘What is noticeable in the NMC’s requirement for involvement is the lack of acknowledgement that meaningful involvement may be problematic…...Furthermore, the space to provide guidance on involving service users and carers in the assessment process is left blank’ (Stacey et al, 2012:p482).

Stacey et al (2012) assert that whilst the NMC initiative is ‘laudable’ and ‘whilst the NMC quite rightly sets high standards for those supporting learning and assessment of student nurses in practice’; they state

‘We question whether it should be implemented at all without the required evidence-base……. We contend that until appropriate research evidence is available, it will not be possible to provide direction, thus leaving curriculum planners to implement service user involvement in assessment unsure of where to start, without a sound evidence base and with the possibility of involving service users in a tokenistic manner in order to ‘tick the box’ (Stacey et al, 2012:482).

The issue of an evidence base was also raised by Chapman et al (2011) in their article “Involving Patients in Assessing Students” when they noted “there is very little available evidence relating to best practice on how to seek patient or carer feedback on the performance of adult student nurses” (Chapman et al, 2011:17).

In the same vein, Stickley et al (2011) note that “whilst there is strong policy support for the involvement of service users in both practice and research in the United Kingdom, there are few published reports of the findings of such initiatives” (Stickley et al, 2011:102).

In the same context a 2012 Nurse Education Today editorial also addressed this issue when the editorial ‘Service User Involvement — Addressing the Crisis in Confidence in Healthcare’ noted

“It is clear that we still need some more substantial work looking closely at the impact of involvement in areas such as practice development and assessment in order to develop robust tools for measuring outcome” (Tee, 2012:p.119).

**Meaningful Feedback in the Context of Power Relations involved in the Proposed Assessment Process**

Stacey et al (2012) state the term assessment carries with it a great deal of power which can be intimidating to both the person in the assessor role and those being assessed. They contend that the issue of power is present in all assessment processes. However, when the assessor is also a service user this raises ‘unique concerns’. They state that the person in the service user role is ‘inherently subservient’ to the healthcare professional despite efforts to promote choice, autonomy and control.

Drawing on a previous 2010 pilot study which tested the feasibility of service user involvement in the assessment of mental health student nurses, Stacey et al (2010) report

“We found some people (service users who were assessors) felt uncomfortable with this role and expressed concerns about the implications of giving critical feedback on the student confidence and future success. As a result the feedback is unlikely to be wholly genuine or address the students’ areas for development and is therefore not meeting its intended outcome” (Stacey et al, 2012:483).
In contrast to the experience of Stacey et al (2010), when Munro et al (2012) experimented with using patients to assess information leaflets developed by students (not a face-to-face setting), for newly diagnosed patients with Irritable Bowel Syndrome (IBD), the 55 undergraduate nursing students who participated found the experience ‘invigorating’ and felt that the expert patient assessment meant they were ‘forced’ to achieve a higher level of work. Munro et al (2012) go on to report that some patient comments were ‘quite blunt’ and, in the opinion of the Chair of the expert panel involved in the process, “would not do some individuals’ self-esteem a lot of good” as patients had been ‘honest with their opinions’ (Munro et al, 2012: p144).

On another level of the assessment process, research by Stickley et al (2010) on practice assessment of student nurses by people who use mental health services found that

“Whilst the students appeared to value the relational elements of the assessment process, there remained feelings of inadequacy and disempowerment with their role as student nurses in the practice areas. To this extent, the students aligned themselves with the service-user, as they did not yet hold the label of “professional” or any power within organisational hierarchies”

The issue of power relations in the assessment process was commented on by Debyser et al (2011) in their article Involvement of inpatient mental health clients in the practical training and assessment of mental health nursing students: Can it benefit clients and students?

Debyser et al (2011) found that patients differed from students, nurses and teachers in the value they placed on their contribution in the overall assessment. According to the nurses and teachers, patient feedback was complementary to the feedback from the mentor. The majority of the patients, however, perceived their feedback to be of inferior importance in comparison with that provided by the mentor.

Debyser et al (2011) identified patient and student-related factors that were facilitating or complicating the assessment process. They noted;

- The patient-related factors pertained to characteristics of the patient such as maturity and personality traits.
- They can also be related to the phase in the patient’s treatment process and to the sometimes rigid thinking of patients.
- It seemed some patients were preoccupied with demonstrating a positive attitude towards the student (Debyser et al, 2011:p200).

Student-related factors that facilitated the process were: person-centeredness and a sensitive and validating attitude towards clients. The assessment process was more difficult when students were more task-centred, had a lack of self-consciousness, were reluctant to participate in practical learning or lacked openness towards patients.

Timing of patient feedback during practical training came forward as an important issue. For instance, obtaining patient feedback in the beginning of practical training was not valued as being useful (Debyser et al, 2011)

**Terminology: Assessment, Review or Comment**

Stacey et al (2012) noted that the literature in this area reports mixed findings regarding the desirability and efficacy of the involvement of service-users in student assessment. This assertion was influenced by previous research on practice assessment of student nurses by mental health service users where Stickley et al (2010) recommended that:
“The term ‘assessment’ should be replaced with ‘review’ and the role of ‘service user assessor’ should be replaced with ‘student nurse reviewer’. This is to reduce, for both student nurses and service users, the feelings of intimidation and discomfort which are associated with the “assessment” label” Stickley et al (2010:p.24)

Involvement of Unwell or Distressed Patients in the Assessment Process
Discussion around service user and carer involvement in practice assessment is increasingly focused on whether there are circumstances which perhaps lend themselves more suitably to this goal (e.g., assessment in the community working with people living with long term conditions) and other situations where this may be more problematic (e.g., in acute settings and/or situations). This was commented on by Lloyd & Carson (2012) in their article “Critical conversations: Developing a methodology for service user involvement in mental health nursing”. Based on their research and citing concerns expressed by the Care Quality Commission they noted

“In practice our mental health nurses are not always able to collaborate with people whilst they are deeply distressed and this has limited their ability to demonstrate that they have involved them in their care” (Lloyd & Carson, 2012:p151).

This issue was also addressed in ‘Quality with Compassion: The Future of Nursing Education - Report of the Willis Commission’ (2012) which, commenting and reflecting on service user involvement in general, noted;

‘Service users were increasingly involved in assessment of students, acknowledging that this had to be carefully monitored if they were unwell and receiving care. Other practical difficulties included identifying suitable volunteers.’ (Report of Willis Commission, 2012:p.39).

In the process of our search for appropriate post 2010 literature for this project, we accessed a presentation on a small scale research study on service user/carer assessment of nursing practice. Contact was made with the researchers involved, Senior Lecturers from Nursing Studies at the University of the West of England who had just completed a small qualitative study on assessment of nursing practice by service users and carers. In a short presentation of their interim findings they reported that the issue of patient protection was raised by both students and mentors.

One Nursing student interviewed stated

“I would feel very uneasy about asking somebody who is stressed before surgery or stressed with test results, who are feeling poorly, to start asking them to feedback on my performance”

A Student Mentor interviewed commented

“You would have to be careful who you actually selected if they were confused or they felt vulnerable and if they weren’t happy to do it”.

Nursing Studies, University of West of England. Patient/Carer feedback for Adult Branch Nursing Students in Practice. Presentation (November, 2012)
(ii) **Review current processes for involving service users and carers in practice assessment**

To locate the 2010 NMC recommendation in the context of their own institutions approach to service user and carer involvement, interviews with HEI representatives began by asking them to describe their institutions general approach to service user and carer involvement.

All 11 HEIs reported that using patients’ perspectives on care to improve both their experience and service quality was fundamental to Nursing, Nursing practice and educating student Nurses. HEI representatives also reported that their experience of engaging with service users and carers in student selection, curriculum development and research had helped with addressing the 2010 NMC recommendation regarding service user and carer involvement in practice assessment.

Given that the NMC recommendation on service user and carer involvement in practice assessment was initiated in 2010, and that operationalizing such a significant recommendation takes time (in terms of internal organisational infrastructure for the nursing departments, within the wider context of the School and general University requirements and regulations), most HEI’s are in the early or very early stages of this process.

In interviews with representatives from Scotland’s 11 HEIs, all reported that they had discussed and taken steps to address the 2010 NMC recommendation. There were 2 stages of development towards involving service users and carers in practice assessment across Scotland’s 11 HEI’s providing pre-registration nursing programmes.

1. **Very early stages of implementing the recommendation.**
   There were two HEIs had who had either just recently undergone the approval process by the NMC or were actually preparing for an immediate NMC approval of their nursing programmes during this NES project. Both HEIs were in early stages of development as regards how service users and carers contributed to the NMC’s 2010 recommendation. Both HEIs stated they were comfortable that they were developing their programme to involve service users and carers re: the 2010 NMC recommendation.

2. **The Overwhelming majority of Scottish HEIs have Established Measures to Involve Service Users and Carers to Contribute to Nursing Students’ Practice Skills.**
   Nine of Scotland's HEI's reported they have procedures in place that allow for service users and carers to address (by comment or review) nursing student practice in light of the 2010 NMC recommendation.

   These 9 HEIs reported that they are at a stage of development in this process where they are considering audit and evaluation of existing service user and carer involvement procedures contributing to student nurses practice skills to address the 2010 NMC recommendation. These 9 HEIs believed that the NES short term evaluation was a catalyst for putting measures in place to assess progress of involvement of service users and carers in this area.

   Each of the 9 HEIs provided details of how practice skills are addressed by service users and carers (see Appendix 1).
(iii) Consideration of current practice in tandem with the above literature review undertaken as part of the National Approach to Practice Assessment Documentation (NES, 2011) project.

To consider current practice in Scotland’s 11 HEIs in tandem with the 2011 NES document ‘Developing a National Approach to Practice Assessment Documentation for the Pre-registration Nursing Programmes in Scotland’ our project conducted semi-structured interviews with representatives from Scotland’s 11 HEIs.

A total of 15 representatives from the 11 HEIs providing pre-registration nursing programmes in Scotland were interviewed for this project. Interviews were mostly face-to-face with some telephone interviews. The average length of interview was 40–45 minutes. The following section summarises individual and generalised views from interviews with the 11 HEI representatives across Scotland.

Summary of Themes from Interviews with 11 HEI Representatives

Commitment to Working with Service Users and Carers in the Education and Training of Nursing Students

Scotland’s 11 HEI’s involved in pre-registration nursing programmes are committed to, and are actively working with, service users and carers in student selection, curriculum development, research and general practice skills of nursing students. The following statements were indicative of the views and experiences of the 11 HEI representatives interviewed for this project.

“I know from what we have done and are doing here, and from working with colleagues from across other HEIs, that service user and carer involvement are embedded in our pre-registration nursing programmes…… It is invaluable, a really key feature of our nursing programmes in Scotland” (HEI Rep. 8).

“We have just recently appointed a full-time service user in our School here to support and develop service user and carer involvement. We have a strong commitment towards involving service users and carers in what we do here and believe it has been enormously beneficial to the students, to ourselves as staff members, and most importantly to improving patient care” (HEI Rep. 5).

The Challenge of Involving Service Users and Carers in Practice Assessment is Significantly Different to Other Areas of Service Users and Carer Involvement

A clear view emerged from interviews with HEI representatives that the introduction of the 2010 NMC recommendation provides greater challenges than Service User and Carer involvement in student selection, curriculum development, and research.

For many HEI interviewees the importance and value of Service User and Carer involvement in helping to develop Nursing students’ skills in practice was seen, on many levels, as an understandable development. Many HEI interviewees could see why the NMC perceived their 2010 recommendation as increasing the many benefits of service user and carer involvement in HEI’s generally.

However there was a general view that the 2010 NMC recommendation (following in the footsteps of service user and carer involvement in student selection, curriculum design and research) was presented as an almost automatic, logical, continuum towards the next level
of involvement. This did not allow for the pre-requisite consideration and discussion of the unique challenges their recommendation would present.

The above view was accompanied by a common theme that emerged from the interviews with HEI representatives. This was that a more robust discussion on the rationale, evidence base and challenges behind the 2010 NMC guidance should have taken place before the guidance was presented to HEIs in the UK.

The following comments around these issues from the HEI representatives interviewed, reflect these views

“We were all very aware of the NMC recommendation, but it was a recommendation in words only…… Where was the guidance? Where was the advice and guidance on how to carry out the recommendation in a way that made it genuinely effective? Where was the guidance or the validated tools to assess and measure progress in this area? It was almost as if they were saying ‘we'll leave it up to you’”. (HEI Rep. 1).

“Carrying out this recommendation involved major factors that I wonder if the NMC really considered before the recommendation was introduced. It’s a really tall order. First of all the NMC recommendation left us in conflict with our own University regulations………….Our University would say the student has the right to be assessed by an assessor properly trained and recognised….The recommendation also left us in conflict with what is operationally feasible” (HEI Rep. 3).

“Talking about assessment of student nurses’ practice skills by service users and carers is a totally different challenge than other areas of patient involvement. Would patients really feel qualified to do this? Would they do this willingly? I’m not talking here about some of the service users that can often get involved…..well I would say more professional people, confident types……. If we are really talking about genuinely representative service user involvement, that involves challenges. If we don't address the challenges ….well of confidence, feeling skilled enough to assess practice skills…that means we are not having genuine involvement. If it is not genuine involvement it’s tokenistic and who wants that?” (HEI Rep. 11).

Where are the Evidence Base for introducing this and Best Practice?

A majority of HEI representatives interviewed were concerned that to date the level of evidence presented on assessment of clinical practice across the literature moves towards the lower end of the evidence band, i.e. the usefulness, reliability, validity and effectiveness of grading of practice has still to be proven.

“Have we really established (a) why we should be doing this in the first place? Have we really considered approaching sick, tired, confused patients and asking them to assess a student’s practice skills? And (b) where can we look to in order to do this in the best possible manner that benefits all the key stakeholders, the student, the patient and the mentor. Are we going to go about it in our own unique way or have some kind of national standards?” (HEI Rep. 6).
Evaluating and Auditing the Process: How are we to Measure Service Users and Carers Views on Students’ Practice Skills?

Methodological concerns were expressed regarding approaches used to measure student nurse progress by service users and carers. A number of HEI representatives asked about guidance on methodologically tested and validated tools/procedures to review and measure student practice skills.

“How are we measuring patient and carer views on student practice skills? Have the procedures been tested and validated? Are we all doing the same? If not then – potentially we might be measuring different things. A consistent approach to what we’ve been asked to do would be helpful” (HEI Rep. 4).

The challenge of getting service users to address practice skills of nursing students involves such a large and heterogeneous group of service users was also commented on

“How can we get the evidence base when the service user is potentially every person in Scotland? That’s 5 million people that is such an enormous assessment base – would you ever get an evidence base at all? It’s too large. Would we have one tool for all evaluations or different tools depending on service user age, nature of illness, language skills? That makes consistent evaluation difficult and we’re continually getting told that everything has to be evaluated given the economic climate we’re in” (HEI Rep. 3).

Terminology: Should the Process be one of Assessment, Review or Comment?

Nearly all HEI interviewees stated discussion is required as to the meaning, and potential consequences of, ‘assessment’. Many HEI’s argued there should have been a more measured and considered discussion about the exact terminology involved in the 2010 NMC recommendation. Some HEI interviewees stated quite clearly that they did not agree with the concept of service users and carers assessing a student’s clinical practice skills. They argued the process and, consequently the term used, should be one of ‘review’ or ‘comment’. Some of the reasons for this view are stated below

“There is a need for greater clarity on what exactly we mean by assessment and what the aim of that assessment by service users and carers is. Also do we really think all service users will be confident about assessing a student nurse’s practice skills? I think many would feel uncomfortable either because they thought they weren’t capable of providing effective assessment or many would be reluctant to criticise a young student. Is this really meaningful involvement?” (HEI Rep. 10).

“There are certain situations that just don’t lend themselves to carrying out an assessment of a nurse’s practice skills. Patients experiencing an acute episode for example; a patient who is distressed or confused, in severe pain. A lot of patients are very vulnerable. Was that properly considered? I’m not saying it’s impossible but the circumstances in which the proposed assessment could take place needed greater thought and, consequently, clearer direction from the NMC” (HEI Rep.4).

“What happens to the nurse who, perhaps through no fault of her own, the patient has a real go at her? It may be that patient is unhappy with some aspect of their care out-with that provided by that nurse, but she may be the one to get the criticism. That is not assessment. That’s not good for that nurse’s confidence is it?” (HEI Rep. 6).
Making the Process Genuinely Meaningful: Resource Implications

Many HEI interviewees wondered if the NMC had considered the financial costs of training service users, mentors and other key stakeholders involved in this process and whether this process had been appropriately budgeted for.

“If we are going to do this properly, really properly and effectively, the logistics of introducing this, training the key stakeholders, conducting the actual proposed assessment process and evaluating it is going to be costly. Was that considered? Where do we take the money from already tight budgets?” (HEI Rep.7)

“To do what we are being asked in a meaningful way requires proper training and proper assessment of procedures. That will involve training academic staff, mentors and service users and carers. That costs money. So we either get appropriately resourced to do this in a genuinely meaningful way or we continue with existing resources and then there is a danger of doing this in a tokenistic manner. That’s wasting everyone’s time patient, mentor and student” (HEI Rep.8).

There were other key areas commented on in the interviews and for the sake of brevity they are summarised below.

Summary of Further Key Issues Raised in the Interviews with HEI Representatives

- Should operationalizing the NMC 2010 guidance be generic or be adapted in light of the varied and differing challenges across the 4 key Nursing areas; Paediatric, Adult, Learning Disabilities, and Mental Health? This requires further discussion/clarification.

- Certain fields, notably Mental Health and to a lesser extent Learning Disabilities are further ahead in the development of service user and carer assessment of practice and the two other areas Adult and Paediatrics could benefit from the experience in these other fields of work.

- Concerns were raised around the challenges and lack of direction from the NMC regarding involvement of ‘hard to reach’ or ‘seldom involved’ groups in assessing student practice skills.

- In the context of existing Social Inclusion policies, how do we address the challenges of involving service users/carers with health conditions making verbal articulation problematic?

- In the context of existing Social Inclusion policies, how do we address the challenges of involving service users/carers from Black and Minority Ethnic (BME) communities whose first language is not English?

- Service user and carer involvement in addressing practice skills of student Nurses is a complex process which ‘remains in development’. It currently lacks a clear and unifying theoretical basis. It is a process which has had to evolve under the full
spotlight of public scrutiny. In particular the debate around a ‘caring professional attitude’ in Nursing, whether ‘caring’ has become ‘lost’ in Nursing practice and the assertion that higher academic/educational emphasis in today’s Nursing programmes has negatively impacted on caring qualities, compassion and empathy with patients.

- Service user and carer involvement in Nurse education is a concept valued, embraced and actively incorporated into Scotland’s 11 HEIs pre-registration nursing programmes. Questions remain however regarding the level of evidence presented across the literature on how to introduce, and robustly evaluate, the 2010 NMC recommendation. Guidance on how to operationalize and reliably evaluate Nursing student practice by service users and carers in a meaningful way, and to the benefit of key stakeholders involved, requires greater consideration.

(iv) Clarification of criteria used by the NMC (or their agents) to measure service user and carer involvement in pre-registration projects.

Update of NMC Literature in relation to service user and carer involvement in student assessment

A review of NMC documentation was undertaken to explore the background and current policy guidance for pre-registration nursing programmes in relation to service user involvement in programmes and specifically in the assessment of student practice. NMC were also contacted via telephone but we were referred back to the standards for pre-registration programmes, it was suggested that each HEI provider was expected to implement the standards and these were quality assured by agencies on behalf of the NMC.

Background information

The NMC Circular 07/2010 Standards for pre-registration nursing education brought into effect the NMC (2010) Standards for pre-registration nursing education which now applies to all new pre-registration nursing programmes from 16th September 2010. NMC (2004) Standards of proficiency for pre-registration nursing education applies to all pre-registration approved before September 16th 2010. In Scotland all pre-registration programmes are now approved under the 2010 Standards. The 2004 standards were reviewed in terms of service user involvement but there was minimal reference to this possibly due to the relatively recent shift towards service user engagement in nursing practice.

Following review of the NMC documents and circulars outlined below it was evident that there were key documents where service users were identified as potential partners in the education process. For the purposes of this review the three key documents are:

NMC (2008) Standards to support learning and assessment in practice (SLAiP)

NMC (2010) Standards for pre-registration nursing education

NMC (2011) Advice and supporting information for implementing NMC standards for pre-registration nursing education

These will now be discussed and summarised in terms of service user and carer involvement.
NMC (2008) Standards to support learning and assessment in practice (SLAiP)

Although this is a relatively recent document it was significant that there was very limited reference to service users and carers apart from as recipients of care. In the section Assessing learning in practice, one of the NMC requirements states that “Mentors should consider how evidence from various sources might contribute to making a judgement on performance and competence” and although this was a potential area that could have referred to the involvement service users and carers, they were not cited as a potential source of evidence for student performance. This is significant in terms of the shift towards involvement introduced only two years later discussed below. In the 2008 document the NMC does give advice and guidance around student assessment and recognises that “… the total assessment strategy would include assessment through various means i.e. direct care, simulation, OSCEs and other strategies’. Again it is interesting at this stage that in the ‘other strategies’ the NMC have chosen not to include service users and carers views. This could be simply due to the date of publication as service users and carers where not as prominent in terms of thinking about assessment of students or possibly that the NMC were aware of that the evidence base for service user and carer involvement was limited at that time and HEIs and practice may not have systems in place to support this.

NMC (2010) Standards for pre-registration nursing education

This is the current HEI guidance for all new programmes after September 2011. The standards for education comprise of 10 standards for programme approval and delivery. These relate to the following areas: Safeguarding the public; Equality and diversity; Selection, admission, recruitment and progression; Support of students and educators; Structure, design and delivery of programmes; Practice learning opportunities; Outcomes; Assessment; Resources; Quality Assurance.

In this document there is move towards recognition of service users and carers as being an important part of nursing education which represents a shift in thinking from the previous [NMC (2008) Standards to support learning and assessment in practice (SLAiP)]. Although the guidance is for HEIs to develop programmes and does focus on structure and process issues in terms of programme delivery, given the increased service user agenda in the health service it could reasonably be expected that this key document would have considered service user and carer involvement as a central theme. Although there is mention of service users and carers it is not until the publication of the 2011 Advice and supporting information for implementing NMC standards for pre-registration nursing education that there is significant shift.

The two areas where service users and carers are directly referred to in the 2010 document are in the Structure, design and delivery of programmes where it is suggested that they contribute to design and delivery of programmes, and in Assessment which does give a specific requirement [R8 1.4] that ‘programme providers must make it clear how service users and carers contribute to the assessment process’. Although there is no further specific guidance given at this stage it is worth noting that the wording is around the contribution to the assessment process and this is important in terms of assessment models and formative and summative assessment. At this stage the NMC stress the notion of assessment as a process rather than a one off event which, from an educational theory perspective, is an important distinction to make.
NMC (2011) Advice and supporting information for implementing NMC standards for pre-registration nursing education

In this document there is a significant and considerable shift toward encouraging service user and care involvement in pre-registration programmes. This advice is to support HEIs to implement the NMC [2010] Standards for pre-registration nursing education and applies to all new programmes after September 2011. This document mirrors the structure of the 2010 standards and the guidance is given is structured around the 10 key areas of the 2010 document.

The first section, Safeguarding the public, outlines the NMCs role in protecting the public and stresses the importance of the ‘…on-going involvement of service users and carers’. There is also a sub section ‘Service users and Carers contribution’ that states that systems need to be in place to ‘ensure that service users and carers are able to contribute to all aspects of programme development, delivery and review’. This section doesn't mention assessment of students’ practice.

In the second section, Equality and diversity, focuses on legislation and access to programmes but does suggest that programmes need to expand the ‘….role of service users and carers from diverse backgrounds’. This section does recap on the importance of involvement of service users and carers, but not in assessment, in programmes but does promote involvement of service users from diverse backgrounds but does not mention any specific groups apart from people with learning disabilities.

There is no mention of service user and carer involvement in the next two sections - Selection, admission, recruitment and progression; Support of students and educators although it is worth noting that service user involvement in selection of students is on the agenda and some HEIs do already have this in place, where is tends to be in the mental health and learning disability fields where partnership approaches have been developed from practice.

In the next section, Structure, design and delivery of programmes, one of the key messages of this is that programme providers need to ‘involve a wide range of stakeholders in programme design and delivery including service users and carers’. This section has a sub heading: ‘Involvement of service users and carers’ that requires programme providers to demonstrate how users and carers contribute to the design and delivery of the programme and goes on to give examples such as being part of a curriculum planning group and significantly for this project gives ‘taking part in the assessment of students in practice or in simulation’ as an example. It also suggests that when involving service users and carers issues need to be further explored – ethical matters, payment of expenses, transport, access to premises, the health and safety of individuals.

Apart from the section on Assessment which will be discussed, in the following remaining sections – Practice learning opportunities, Outcomes, Resources, Quality assurance – there is limited reference to service users apart from as recipients of care.

A key area in terms of the focus of this project is the section on Assessment, and one of the key messages is that Programme providers ‘will need to consider how service users and carers can contribute towards the assessment of nursing students’. A sub heading is ‘Service users’ and carers’ contribution to the assessment process’ and ask providers to
make it clear how service users and carers contribute to the assessment process. A key point made is:

“Being involved in assessment in a meaningful way, without placing inappropriate responsibility on them can be challenging and, where service users and carers do contribute, the outcome should not rest on their judgement alone.”

There is a strong sense in this section that the NMC are keen to promote service user and carer involvement but also recognise the importance of professional judgement. It also suggests that there are number of considerations that HEIs need to be aware of [these are outlined above in the Structure, design and delivery of programmes] and that service users need to be prepared ‘properly and supported in the assessor role’, and go on to suggest that there may be issues around validity and reliability of their judgements that could cause anxiety to students. Examples of innovative practices are then given including: hand held electronic devices, testimonies that students can include in portfolios, mentor feedback from service users, involvement in OSCEs, contribution to videoed scenarios.

There is the sense in this document that the notion of service user and carer involvement in assessment of students is recognised as a sensitive issue that needs to be further explored further to ensure that assessment strategies are not just valid and reliable but ensure that the practical and ethical issues for service users and carers, students and mentors are properly addressed.

In summary the move towards the involvement of service users in carers in nursing education is a recent phenomenon and this is reflected in the NMC standards and guidance for HEIs to a certain extent. The most recent publication NMC (2011) Advice and supporting information for implementing NMC standards for pre-registration nursing education, clearly reflects a shift in thinking around this area and given the current practice shift towards partnership and person centred approaches service user and carer involvement will develop further in future programmes in Scotland.

(V) Recommendations to the National Strategic Group for Practice Learning for Scotland.

The 2010 NMC recommendation “Programme providers must make it clear how service users and carers contribute to practice assessment” has raised a number of concerns and unanswered questions about the meaning, suitability and practicability of the recommendation for HEIs in Scotland providing pre-registration nursing programmes.

Following the review of literature around service user and carer involvement in practice assessment post the 2010 NES review, the interviews with representatives from 11 HEIs, reviewing current processes in Scotland’s 11 HEIs, and the update of NMC Literature in relation to service user and carer involvement in student assessment, this report recommends the following to the National Strategic Group for Practice Learning for Scotland.

Recommendations

1 A more precise clarification regarding the purpose of, and the way in which, Nursing students’ practice skills are to be addressed and measured by service users and carers are required following the initial 2010 NMC recommendation.
2 This discussion should re-consider the exact purpose, and intended outcomes of the initial 2010 NMC recommendation and take into account recent literature and research initiatives to address this area of nursing education and practice. This would aid clarity of definition as to exactly what the aim of the exercise is.

3 A more in-depth discussion and engagement with all key stakeholders (service users and carers; nursing students, mentors, HEI pre-registration nursing programme developers, and general academic nursing staff) is required as to the most effective and meaningful way for service users and carers to address nursing students’ practice skills.

4 Re-consideration of the terminology used, (i.e., assessment) in the 2010 NMC recommendation is required. Without clarity of terminology - and consequently meaning - what the NMC recommendation actually means in practice settings, there cannot be (i) clarity as to the purpose of the exercise or (ii) clarity in measuring outcomes.

5 A decision is required as to whether the procedure involved in this exercise is assessment, comment or review. The post 2010 UK literature and interviews with HEI representatives in Scotland suggests that the process should be one of review or comment – not assessment.

6 Whichever term is used must be clearly defined, what it actually means in practice clearly explained, and how the service user and carer involvement commentary measured. This is needed to ensure all key stakeholders are fully aware of the purpose and methodology of this exercise.

7 How to robustly and meaningfully measure service user and carer views when addressing nursing students’ practice skills requires further discussion.

Guidance is required on developing appropriate and functional measurement tools to quantify service user and carer views on nursing students’ practice skills. Whether such tool/s should be standardised across Scotland or locally developed requires consideration.

8 Flowing from recommendation 7, training and guidance on how to meaningfully carry out the assessment/review/comment process should be provided to key stakeholders involved in this process.

9 Guidance on protecting patients who are unwell or distressed must be clearer.

10 Guidance on patient selection for this process and patient information informing them fully of what the procedure involves, and its outcomes, are required.

11 Consideration and clarification on whether this process should be formative or summative for nursing students is required.

12 The role of the mentor in this exercise must be formalised in a clearer way than currently exists. Training of mentors to fully support this process should be considered.
Consideration of financial costs of service user and carer, mentor and academic staff involvement in this process is required.

Future research or evaluation should consider the student and mentor views of user and carer involvement in the practice assessment process to gain a robust understanding of how and when they consider user and carer involvement in assessment to be of greatest value.
References


NHS Education for Scotland (2011) Developing a National Approach to Practice Assessment Documentation for the Pre-registration Nursing Programmes in Scotland. NES

Nursing and Midwifery Council (2011) Advice and supporting information for implementing NMC standards for pre-registration nursing education. NMC

Nursing and Midwifery Council (2011) Application of Standards to support learning and assessment in practice (SLAiP) to the Standards for Pre-registration nursing Annexe 1. NMC

Nursing and Midwifery Council (2010) Standards for pre-registration nursing education. NMC

Nursing and Midwifery Council (2010) Raising and escalating concerns: Guidance for nurses and midwives. NMC

Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice (SLAiP). NMC

Nursing and Midwifery Council (2008) The Code: Standards for conduct, ethics, and performance of nurses and midwives. NMC

Nursing and Midwifery Council (2004) Standards of proficiency for pre-registration nursing education. NMC


Willis Commission (2012) report Quality with Compassion: The Future of Nursing Education.
Final ‘end of placement’ evaluation by mentor about student’s performance and achievements

<table>
<thead>
<tr>
<th>Service Users’ views sought by mentor (please circle)</th>
<th>Yes</th>
<th>No</th>
<th>Team members’ views sought by mentor (please circle)</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Comments</td>
<td></td>
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<td>Comments</td>
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</table>

Mentor’s overall comments:

Mentor’s Signature: ______________________ Date: ____________

**Action Plan**

<table>
<thead>
<tr>
<th>Need / Issue identified</th>
<th>Action required by student</th>
<th>Action taken by mentor/lecturer</th>
<th>Outcome</th>
<th>Review Date</th>
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Appendix 3 Service user/Carer/Relative feedback on student performance

Introduction
With the person’s freely given and fully informed consent your supervisor is required to seek feedback from a minimum of two service users, carers or relatives about your performance whilst contributing to their care and/or support. This feedback will contribute to the evidence your supervisor considers to inform their review of your performance and their assessment decisions. Please ensure that your supervisor is reminded of this requirement in good time, prior to your final assessment meeting.

Information to supervisors
A key source of information about a student’s performance in practice is service users, carers and relatives. To this end, to inform your assessment of the student’s performance, a requirement of the module is that supervisors seek feedback from a minimum of two service users or carers or relatives. To assist you, a statement is provided below that you can use to explain to people why you are seeking their feedback:

I would like you to share with me your views about the way student [insert name] has contributed to the care you have received. This is to help [insert name] to learn and develop his/her skills in providing care in a compassionate way and communicating effectively with people using our services. The feedback you give will not adversely affect the care you receive. I will record your feedback anonymously on this form and will not include any information that could breach your confidentiality. If you would prefer not to give feedback this is perfectly acceptable.

N.B. After the service user, carer or relative has completed the form, please provide an opportunity for them to read it.
# Appendix 3 Service user/Carer/Relative feedback on student performance

<table>
<thead>
<tr>
<th>Student name (please print)</th>
<th>PI number</th>
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</thead>
</table>

**What did the student do well?**

---

**What could they do to improve their communication with you?**

---

**What could they do to demonstrate a more compassionate approach to you?**

---

**Is there anything else you would like to share that would help the student to develop their practice?**

---

**Supervisor's signature (in full)**

---

**Date**
<table>
<thead>
<tr>
<th>Final 'end of placement' evaluation by mentor about student's performance and achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Users' views sought by mentor (please circle) Yes  No</td>
</tr>
<tr>
<td>Team members' views sought by mentor (please circle) Yes  No</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>Mentor's overall comments:</td>
</tr>
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</table>

| Mentor's Signature: | Date: |
| Action Plan | Action required by student | Action taken by mentor/lecturer | Outcome | Review Date |
| Need / Issue identified | |

24
# Final Assessment - PLACEMENT 6

**Comments of Assessor:** (Please comment on the student’s progress from the four domains, professional values, communication and interpersonal skills, nursing practice and decision making, leadership management and team working)

**Strengths**

**Areas for development**

**Feedback from service users** (Mentor to use this space to record service user views on the students contribution to care, which can make a valuable contribution to the students overall assessment. Please include service user feedback where appropriate, ensuring patient confidentiality and anonymity.)

**Areas of concern (if appropriate)**

Continued overleaf
Service User/Carer Review

Consent must be gained from the service user/carer/relative with the mentor present to participate in this exercise.
As a service user/carer/relative your participation in this is optional.
The mentor is asked to record the main points of the conversation on the form below.

We would like to hear your views about the way nursing students have contributed to the care you have received. This is to help the students learn and develop their skills in caring and communicating with both service users and carers so that they develop good practice. The feedback you give will not affect the care you receive.

If you are a carer please could you comment on the care your friend/relative received by the student as well as how you were looked after by them? We would like to thank you in advance for this invaluable help to the student learning experience in becoming a qualified nurse.

<table>
<thead>
<tr>
<th>How long have you known the student for?</th>
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<table>
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<tr>
<th>Please state what they have done well, either in your care or the care of your relative/friend</th>
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<tr>
<th>Please state what they could do (if anything at all) to improve their communication skills, their professional manner, their participation in your care etc.</th>
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<tr>
<th>Please add any other information you think would be helpful to the student in their future practice</th>
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<table>
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<tr>
<th>Mentor Signature</th>
<th>Date</th>
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Final Assessment

(All Sections to be completed by Mentor)

<table>
<thead>
<tr>
<th>Student Name: ______________________</th>
<th>Semester: _____</th>
<th>Practice Experience: ______________________</th>
</tr>
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Please circle the appropriate level
Levels 1 – 3 equate to a pass
Levels 4 – 5 equate to a fail

Professional Values: Person centred care, confidentiality, ethical and legal frameworks

Rationale for level achieved:

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<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
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Communication & Interpersonal Skills: Range of strategies and interventions, effectiveness, empathy

Rationale for level achieved:

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<th>1</th>
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Nursing Practice and Decision Making: Safety, evidence based practice, assessment

Rationale for level achieved:

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Leadership, Management and Team Working: Accountability, prioritising, time management, delegation

Rationale for level achieved:

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<th>5</th>
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<tr>
<th>Student Signature</th>
<th>Date</th>
<th>Mentor Signature</th>
<th>Date</th>
<th>A Cause for Concern must precede a Level 4 or 5. Please see Cause for Concern Policy</th>
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Adult OAR 2011
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Completing the Ongoing Achievement Record (OAR)

Your OAR is your record of your progress towards competency as a registered nurse. It has a number of sections to complete. This guide shows you how it should be completed.

1. At the beginning of a placement
   a. Your mentor should complete the details on page 11 indicating their name, signature and initials. This helps us confirm their status as a mentor. If you are in a ‘hub and spokes’ placement, the co-ordinating mentor should complete these details.
   b. With your mentor you should complete the details about the placement on page 18 (for the first placement or pages 23, 28, 33, 38, 43 for subsequent placements). Your mentor will sign to confirm that you have had an orientation to the placement. Together you will agree outcomes for the placement. You both need to sign at the bottom of the page.

2. As the placement progresses
   a. Pages 12-14 have details of skills that you are expected to achieve during the placement. You should read these, and make sure that your mentor signs off any that you are achieving. If this is the first placement, they sign in the P1 box, if it is the second, in the P2 box and so on.
   b. You will work regularly with your mentor under decreasing supervision. It is good to get skills signed as you go and not wait until the end of the placement.

3. Halfway through each placement
   a. You need to meet with your mentor to complete the midway feedback (page 19 for placement 1, and pages 24, 29, 34, 39 and 44 for other placements)
   b. You will discuss your progress and you should both complete and sign this page.

4. At the end of the placement Section 1: Essential Skills
   a. By the end of the placement all the boxes on pages 12, 13 and 14 must have an entry in them from your mentor.
   b. If you have satisfactorily achieved the skill to the level given at the bottom of pages 12-14, then your mentor should put S (satisfactory) with their initials and the date
   c. If you are not yet at the required level, the mentor should write U (unsatisfactory) with their initials and the date
   d. If there was no opportunity to practice and perform the skill, your mentor should write N/A (not available) with their initials and the date
   e. Skills marked with an asterisk (*) relate to numerical assessment. You should be working towards achieving 100% accuracy in these skills.
   f. If there are additional skills specific to the area, then pages 15 and 16 allow the mentor to add them and sign for them.
5. At the end of the placement  Section 2: Mentors’ Reports
   a. As well as being able to perform skills, you are expected to show the professional attributes of a nurse. For each placement there are 2 pages
      where your mentor will write about how you are progressing in each of the 4 NMC domains: Professional values; Communication and interpersonal
      skills; Nursing practice and decision making; Leadership, management and team working (see pages 66 -68 for a description of the Domains).
      Additionally your mentor will ask people for whom you have cared about the standard of care they received from you. Their comments will help to
      inform your mentor’s report.
   b. For placement 1 the mentors’ reports are on pages 20-22 (and pages 25, 30, 35, 40 and 45 for the next placements). There is a space for you to
      write comments as well.
   c. Both you and the mentor should sign and date this. You are signing to indicate that you have read the comments, not that you necessarily agree
      with them.

6. Mentor or student notes
   a. Pages 48-50 are for any notes that you or your mentor wants to make.
   b. Pages 51-52 are for an action plan if either your mentor or your personal tutor identifies any issues that need to be addressed in your next
      placement.

7. Every week Section 3: Student Attendance Record
   a. Pages 57 - 65 are for recording your shifts and attendance at placement. There are 24 weeks listed, one for every week of practice through the
      whole year.
   b. These must be completed every week by your mentor.
   c. The table at the top of page 65 should be completed at the end of the placement.
   d. The table at the bottom of page 65 will be completed by you and your mentor from your final placement, and discussed with your personal tutor.

8. In your final placement before the exam board (this is the May-June placement for year 2)
   a. Your mentor will examine everything recorded in the OAR for the whole year (including what they have written in the final placement) and will
      complete the table on pages 53 -56.
   b. They will make an overall assessment of your progress throughout the year. To pass the year:
      i. you need to achieve all 18 areas in year 2,
      ii. you need to achieve all your skills (pages 12-14)

GUIDELINES FOR STUDENTS REGARDING THE ROLE OF THE PERSONAL TUTOR (PT) AND THE ACADEMIC PRACTICE CONTACT (APC)
When you are in practice, your mentor will be the person you are working with on a day-to-day basis. Your personal tutor will be available for either you or
your mentor to discuss any issues (see your student handbook for more information about the role of your personal tutor).

Each practice area also has an academic practice contact, who knows the particular area where you are in practice, and who can provide information to the
practice staff about University requirements, curriculum information, and who works with the Practice Education Facilitators to provide mentor updates (see
your student handbook for more information about these people).
GUIDE FOR MENTORS

Completing the Ongoing Achievement Record (OAR)

The OAR is a record of progress towards competency as a registered nurse, and has a number of sections to complete. This guide will show you how it should be completed. Mentors should not keep separate records regarding students.

1. At the beginning of a placement
   a. You should complete the details on page 11 indicating your name, signature and initials. This helps us confirm your status as a mentor. In a hub and spokes placement the details should be entered by the co-ordinating mentor.
   b. With the student you should complete the details about the placement on p20 (for the first placement or pages 23, 28, 33, 38 and 43 for subsequent placements) and sign to confirm that the student has had an orientation to the placement. This needs to include an orientation to the particular clinical area, and what is expected of the student and an induction to key aspects of safety and operation of the area, including emergency situations. Together you will agree outcomes for the placement. You both need to sign at the bottom of the page.

2. As the placement progresses
   a. Pages 12-14 have details of skills that the student is expected to achieve during the placement. You will need to sign off any that your student is achieving. If this is the first placement, you sign in the P1 box, if it is the second, in the P2 box and so on.
   b. As you work with the student it is good to sign skills as you go and not wait until the end of the placement.
   c. Please do not use correction fluid. Any changes should be crossed out and the change initialled.

3. Halfway through each placement
   a. You should meet with your student to complete the midway feedback (p19 for placement 1, and pages 24, 29, 34, 39 and 44 for other placements)
   b. You will discuss their progress and you should both complete and sign this page.

4. At the end of the placement  Section 1: Essential Skills
   a. By the end of the placement all the boxes on pages 12, 13 and 14 need an entry in them from you.
   b. If the student has satisfactorily achieved the skill to the level listed at the bottom of page 12 - 14, then you should put S (satisfactory) with your initials and the date.
   c. If you are not yet satisfied that the student is functioning at the required level, you should write U (unsatisfactory) with your initials and the date.
   d. If there was no opportunity to practice and perform the skill, you should write N/A (not available) with your initials and the date.
   e. Skills marked with an asterisk (*) relate to numerical assessment. Students should be aiming to achieve 100% accuracy in these skills.
   f. If there are additional skills specific to the area, then pages 15 and 16 allow you to write them in and sign for them.

5. At the end of the placement  Section 2 – Mentors’ Reports
   a. As well as being able to perform skills, your student is expected to show the professional attributes of a nurse. For each placement there are 2 pages where you will write about how the student is progressing in each of the 4 NMC domains: Professional values; Communication and interpersonal skills; Nursing practice and decision making; Leadership, management and team working (see pp for a description of the Domains).
b. For placement 1 the mentors’ reports are on pages 20 - 22 (and the following pages for the next placements 25, 30, 35, 40, 45). You will need to indicate whether the student’s performance has been satisfactory in the placement or not, taking into account all that you have observed and written during the placement.

c. Additionally you should ask people for whom the student has cared about the standard of care they received from the students. Their comments will help to inform your report.

d. There is a space for the student to write comments as well.

e. You and the student must sign and date the report. The student is signing to indicate that they have read the report, not that they agree with it.

6. Mentor or student notes
   a. Pages 48-50 are for any notes that you or your student wants to make.
   b. Pages 51-52 are for an action plan, if either you or the student's personal tutor identifies any issues that need to be addressed in your next placement.

7. Every week Section 3: Student Attendance Record
   a. Pages 57-65 are for recording the student’s shifts and attendance at placement. There are 24 weeks listed, one for every week of practice through the whole year.
   b. These must be completed and signed by you every week.
   c. The table at the top of page 65 should be completed at the end of the placement.
   d. The table at the bottom of page 65 will be completed by you and your student in their final placement, and discussed with their personal tutor on return to University.

8. In the student’s final placement before the exam board (this is the May-June placement for year 2)
   a. If you have a student in their final placement before the exam board (this will be notified when the student is allocated), you will examine everything recorded in the OAR for the whole year (including what you have written in the final placement) and will complete the table on pages 53-56.
   b. You will make an overall assessment of the student's progress throughout the year. To pass the year:
      i. they need to achieve all 18 areas in year 2,
      ii. they need to successfully demonstrate all their skills (pages 12-14), either in your placement, or in a previous one if they are not available in the final placement.

9. If a student requires a retrieval placement after the exam board, you will find additional progression pages at the back of the OAR.
ASSESSING STUDENTS: GUIDANCE NOTES FOR MENTORS

This section provides some suggested indicators of what to expect from nursing students in relation to each of the sections in the OAR for each of the three years of the pre-registration programme.

Mentor notes

This part of the document should be used to record discussion around issues or problems or to document positive actions or good practice by the student. Recording of meetings, discussion and expectations helps to inform personal tutors of the student’s time in practice. Examples of what is recorded might be related to professional / ethical practice such as inappropriate conversations or drug errors and might include who witnessed the incident, what reporting took place and to whom. Positive examples might be where the student has made worthwhile suggestions about care or has shared experience of evidence-based practice. Action plans and details of discussion are recorded in the assessment documentation. Where a student is unsatisfactory in any skill or competency an action plan must be put in place.

The expectations increase year on year in relation to practice and the underpinning theory. In Year One students are expected to undertake foundation skills and to demonstrate an awareness of the nursing process. They are expected to adhere to planned care and to work closely under supervision. By Year Two students will undertake skills of increasing complexity; assess and monitor patients; provide rationale for care and critique supporting evidence, and by Year Three they should be showing the beginnings of advanced skills as required by specialist areas; evaluate care and suggest changes; beginnings of teaching and management skills.

Who can Assess?

Individual skills may be signed off by any appropriately qualified health or social care professional with whom the student has worked. The final report MUST be completed by the designated mentor.

HUB AND SPOKE PLACEMENTS

In hub and spoke placements the supervising mentor (in the hub) has overall responsibility for assessing the student including completion of the final mentor’s report. Spoke mentors may sign off individual competencies and are encouraged to make use of the placement specific competencies section. Where the spoke placement is one week or longer spoke mentors should complete a spoke mentor form within this OAR. Where the placement is between 0.5 and 3 days, this is a focused educational visit (FEV), and the supervisor should complete an FEV feedback report form to provide qualitative feedback to the mentor.

SERVICE USERS’ ASSESSMENT

Throughout the course of each placement, the student and the mentor will identify patients who will be asked to contribute formatively to the student assessment. The mentor will discuss with the patients, the student’s abilities in relation to:

- Provision of compassionate care
- Effective communication
- Respect of the person’s individuality and rights.

A box has been provided in the mentor’s report for each placement for the mentor to document their discussion with service users.
MENTORING THE UNSATISFACTORY STUDENT

Occasionally while on practice placement students may have difficulty achieving the required level of performance. This guide outlines how mentors, PEFs (where appropriate) and personal tutors should address a cause for concern regarding a student’s ability to meet the required level of clinical performance and the appropriate outcomes for any part of the programme. The role of the PEF is to support the mentor and the role of the personal tutor is to support the student and offer the mentor appropriate guidance regarding the completion of the assessment documentation.

Are you concerned about a student’s clinical performance? As soon as you become concerned, identify and document these concerns in the mentor’s notes section of this document and discuss them with the student. If you are unsure about how to do this seek the advice of your PEF or the student’s personal tutor.

Resolved? The student’s performance improves and there is no need for further action.

If at the time of the midway assessment the student’s performance has not improved: You must inform the PEF and the student’s personal tutor. In completing the midway assessment you must ensure that you, as the mentor, clearly identify the reasons for non-achievement of the outcomes expected. At this point, create an action plan, which includes timescales to give the student every opportunity to make good the identified deficits. It is good practice to involve the student’s personal tutor in the midway assessment meeting.

Resolved? The student’s performance improves and they achieve the required outcomes by the end of the placement.

If at the time of the final assessment the student’s performance has not improved: You must inform the PEF and the student’s personal tutor. In completing the final assessment you must ensure that you, as the mentor, clearly identify the reasons for non-achievement of the outcomes expected of the student and record this in the student's practice documentation. It is essential to involve the student’s personal tutor in the final assessment meeting. You may also be asked to provide additional written comments.

What happens next? The personal tutor will complete the appropriate documentation for the examination board and outline an appropriate plan of action for the student’s next placement.

Please note if a student’s performance or behaviour in practice brings into question their fitness to practise then you must contact the PEF or the student’s personal tutor immediately for advice and guidance, as it may be necessary to remove the student from practice pending formal investigation. At all times, students and mentors should follow the School’s Cause for Concern policy.
## PART ONE SUMMARY – to be completed by Personal tutor

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>MATRICULATION NUMBER</th>
<th>COHORT / FIELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART ONE PROGRESSION POINT CRITERIA

- [ ] ACHIEVED
- [ ] NOT ACHIEVED

### NMC ESSENTIAL SKILLS

Please comment on student’s progress in developing clinical skills

### MENTOR REPORTS

- [ ] SATISFACTORY
- [ ] UNSATISFACTORY

### SYNOPSIS OF MENTOR REPORTS

Including comments on aspects that have been exceptionally well done or issues that have been problematic

### Days absent during Part One

<table>
<thead>
<tr>
<th>Sick leave: ____ days</th>
<th>Authorised absence: ____ days</th>
<th>Unauthorised absence: ____ days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 2

MENTORS’ REPORTS
(INCLUDING SERVICE USERS’ ASSESSMENT)
<table>
<thead>
<tr>
<th>Placement One</th>
<th>Dates from .................. to ..................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orientation to the area, including the expectations of the student, and induction to key aspects of safety and operation of the area, including emergency situations completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor's Signature</td>
</tr>
<tr>
<td>Student’s signature</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Meeting</th>
<th>Date ..................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed Outcomes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mentor's Signature</th>
<th>Date ..................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Signature</td>
<td>Date ..................</td>
</tr>
<tr>
<td>Midway Feedback</td>
<td>Date ..............................</td>
</tr>
<tr>
<td>Mentor:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Student:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentor's Signature .......................... Date..............</td>
<td></td>
</tr>
<tr>
<td>Student's Signature .......................... Date..............</td>
<td></td>
</tr>
</tbody>
</table>
# Mentor’s Final Report

**Placement One**  
Dates from ....................  to .........................

## Domain One: Professional Values

<table>
<thead>
<tr>
<th>Please tick if appropriate professional attitude and behaviour ☑</th>
<th>Conducts themselves in a professional manner ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays honesty and integrity ☐</td>
<td>Adheres to School and practice placement policies and protocols ☐</td>
</tr>
<tr>
<td>Identifies personal development needs ☐</td>
<td>Respects the privacy and dignity of clients/patients ☐</td>
</tr>
<tr>
<td>Is punctual ☐</td>
<td>Accepts accountability for their own actions ☐</td>
</tr>
<tr>
<td>Conforms to uniform policy ☐</td>
<td>Accepts and acts on constructive feedback ☐</td>
</tr>
</tbody>
</table>

**Comments:** If any of the above attributes have not been achieved, please give reasons

## Domain Two: Communication and interpersonal skills

## Domain Three: Nursing practice and decision making
### Domain Four: Leadership, management and team working

### Service User's Assessment:
For mentor to obtain formative feedback from service users.

### Overall comments:

### Overall result for placement: (please delete) Satisfactory / Unsatisfactory
If UNSATISFACTORY please complete an action plan identifying the areas which require further attention
<table>
<thead>
<tr>
<th><strong>Student Comments:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mentor's signature</strong></th>
<th>..........................................................</th>
<th><strong>Date</strong></th>
<th>.............................................</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Student’s signature</strong></th>
<th>..........................................................</th>
<th><strong>Date</strong></th>
<th>.............................................</th>
</tr>
</thead>
</table>
HEI 1 SERVICE USER/CARER REVIEW

Comments from the public are invaluable in contributing toward the student nurse’s progress and those supporting the education of student nurses. If a patient/client or carer wishes to provide evidence regarding their care they received from the student nurse they may do so anonymously through the student’s mentor. The following questions are intended to guide the feedback. If service users and carers can provide examples it would be very useful and very welcomed.

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often did you receive care from the student nurse?</td>
</tr>
<tr>
<td>Were you treated with kindness, care and compassion? Can you provide an example?</td>
</tr>
<tr>
<td>Did the student nurse conduct him/herself in a professional way? E.g. were they respectful when they communicated with you or other people? Did they display professional attitudes and behaviour towards you and others?</td>
</tr>
<tr>
<td>Did you feel they were confident when carrying out your care?</td>
</tr>
<tr>
<td>Was there anything you think the student nurse was particularly good at?</td>
</tr>
<tr>
<td>Would you like to provide any helpful advice to help the student in their</td>
</tr>
<tr>
<td>development</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
HEI 2 ADDITIONAL RECORDS

User, Carer and Professional Colleague Feedback on Student Performance

Important Note for Mentors

Before completing this section it is essential that you refer to the ‘Users, Carers and Professional Colleagues’ information provided in the ‘Information for Mentors’ section at the front of this document. This provides essential guidance to ensure that the anonymity of those providing feedback is protected.

<table>
<thead>
<tr>
<th>Year 2 Trimester C Practice Learning Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module Title: Developing Safe and Effective Practice (Inpatient)</td>
</tr>
</tbody>
</table>

Record of User/Carer/Professional Colleague Comments as collated by mentor:

| Mentor's Signature: ______________________________ | Date:_______________ |

Record of User/Carer/Professional Colleague Comments as collated by mentor:

| Mentor's Signature: ______________________________ | Date:_______________ |
HEI 1 Service User/Carer Review

Consent must be gained by the mentor from those involved prior to this review being undertaken. Please reassure the service user, carer or relative taking part that their participation is optional but we would like to hear their views about the way nursing students have contributed to the care received by them or their relative. This is to help students learn and develop their skills in caring and communicating with service users, carers and relatives so that they develop good practice.

<table>
<thead>
<tr>
<th>Please state what you feel they have done well</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Please state what they could do to enhance their nursing care</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Please add any other information you think would be helpful</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mentor Signature</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments discussed with student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
