

# An evaluation of a unified practice assessment document for student nurses: Students', mentors' and academics' views and experiences

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**Abstract:** Assessment of students' performance in practice is an essential part of a health and social care education programme. In the United Kingdom, most nursing practice assessment documentation is specific to each university, leading to concerns about consistency. This paper's aim is to present the evaluation of a unified practice assessment document. Nine London universities worked collaboratively with stakeholders to develop a pan-London practice assessment document, which aimed to increase consistency and quality of practice assessment. The evaluation aimed to investigate the views and experiences of nursing students, mentors and academics regarding implementation and use of the document in practice. Focus groups were conducted with students (n=46 in 6 groups), mentors (n=46 in 7 groups) and academic staff (n=42 in 6 groups) and the data were analysed using the framework approach. Four themes are presented: a robust and consistent approach; assessing professional values; essential skills acquisition; service user involvement. The new document was considered to foster consistency, reduce confusion and workload for mentors, and promote standardisation for practice assessment of student nurses across London.

**Keywords:** practice assessment; nurse education; practice learning; professional values; service user involvement

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## **Introduction**

Learning in practice and theory are both essential within the nursing curriculum, to prepare student nurses for competent practice (Immonen et al., 2019). Within the European Union, nursing curricula must include at least 50% clinical practice while in other countries, such as the United States, the required amount of clinical practice varies (Helminen et al., 2016). In the United Kingdom (UK), practice learning and assessment must meet standards set by the professional regulatory body, the Nursing and Midwifery Council (NMC). The assessment of student nurses in practice carries equal weight with theoretical assessment and therefore how practice assessment is conducted and documented is important. The documentation for practice assessment has traditionally been developed by each university to meet both NMC assessment requirements and university regulations. Consequently there has been huge variation in assessment approaches and tools used, leading to confusion and concerns about consistency. This paper's aim is to present the evaluation of a unified practice assessment document, which was developed collaboratively by nine universities across London, and aimed to increase consistency and quality of practice assessment.

There are various terms used internationally for the assessor of nursing students in practice, including mentor, supervisor, preceptor (Fitzgerald et al., 2010). In the UK, the practice element is assessed by registered nurses with additional preparation, to meet NMC education standards. Historically, these nurses were named 'mentors' (NMC, 2008). The NMC (2018a) has since identified the terms 'practice supervisor' (practitioners supervising nursing students' day-to-day- practice) and 'practice assessor' (registered nurses conducting the summative assessment of practice). In this paper, the term 'mentor' is used throughout as this was the term used at the time of the evaluation.

## **Background**

Both nationally and internationally, there are many issues concerning assessment of competence in nursing (Helminen et al. 2014, 2016; Burke et al., 2016, Immonen et al., 2019). Helminen et al. (2016) reviewed the

literature on practice assessment of nursing students across six countries, finding that the quality of assessment varied greatly. Mentors have been found to experience difficulties in evaluating practice and providing students with feedback (Fitzgerald et al., 2010; Fuentes-Pumarola et al., 2016). Some studies have revealed reluctance to fail student nurses in practice and that the systems and practices of professional bodies and universities influence practice assessment (Hunt et al., 2012; Burden et al., 2018). The role of the registered nurse in assessing student nurses in practice is of central importance (Burden et al., 2018), and carries the moral duty to act as a gatekeeper to the profession, by ensuring only competent students pass their practice assessment (Black et al., 2014). Nevertheless, guilt associated with failing students has been illuminated in both nursing (Black et al., 2014) and social work (Finch and Taylor, 2013).

There are known inconsistencies in assessment tools and methods between countries and between higher education institutions (Immonen et al., 2019). In Wales, standardised national practice assessment documentation for student nurses has been long established (Welsh Assembly Government, 2004). Roxburgh et al. (2018) described the process of developing a national practice assessment document (PAD) for student nurses in Scotland. However, our literature search did not identify any published accounts of any evaluation of these unified documents. Across most of England, practice assessment documentation for student nurses has continued to be specific to each individual university.

From a systematic review of reviews, Immonen et al. (2019) identified that there continues to be a need to develop consistent and systematic approaches to assessment of student nurses in practice. A number of studies have focused on practice assessment from the perspectives of nursing students and/or mentors or preceptors. Mentors find practice assessment of students very challenging and stress that clear assessment criteria are critical (Immonen et al., 2019). Mentors and nursing students have reported that the language used in practice assessment documentation is over-complex and difficult to understand (Helminen et al., 2014, 2016; Burke et al., 2016; Almalkawi et al., 2018). Other concerns have been the perceived subjectivity of practice assessment (Burke et al. 2016; Helminen et al., 2016; Burden et al., 2018) and the inconsistent conduct of practice assessment (Bradshaw et al., 2012; Helminen et al. 2016; Burden et al., 2018). Bradshaw et al. (2012) concluded that a national competence assessment strategy that reflects the practice-based nature of nursing could improve consistency.

## **Development of the unified practice assessment document and context**

In London, at the time the project took place, nine universities offered pre-registration nursing programmes. Each used a different practice assessment document (PAD), which became increasingly problematic as most practice placement providers (such as NHS Trusts and Local Authorities) had nursing students from different universities concurrently. The concerns about lack of reliability and validity of mentors' assessment of student nurses (Larocque and Luhanga, 2013) may be compounded when mentors, who are working in pressurised clinical environments, are faced with varied PADs. Therefore, the design and implementation of a common core assessment tool (a pan-London practice assessment document [PLPAD]) was proposed, to facilitate freedom of movement of students, support those mentoring them, and provide a unified, consistent approach across London.

The PLPAD had to meet the professional standards current at that time (NMC 2008, 2010). The health policy context was also an important consideration. The Willis Report (Royal College of Nursing [RCN], 2012), Compassion in Practice (Department of Health [DH], 2012) and the Francis Inquiry (2013) highlighted the importance of professional values within nurse education and practice. During the PLPAD development, London's Directors of Nursing expressed that professional values were not adequately assessed currently and this area needed strengthening with a unified approach.

UK policy directives have placed service users (otherwise known as patients or people receiving care) and carers at the centre of health care provision and education (Turnbull and Weeley, 2016). However, service user involvement in formal practice assessment of student nurses is considered more challenging than in other areas (Haycock-Stuart et al., 2016). The NMC (2010) recommended service user involvement in practice assessment but this was approached inconsistently across London. During the PLPAD development there was a commitment to developing a unified approach to service user involvement in student nurse assessment across London.

The Pan-London Practice Learning Group (PLPLG) for nurse education, with representation from all nine universities, was well established and in 2013 the focus of the PLPLG was to provide leadership for the PLPAD project. The PLPAD development process was overseen by a steering

group, which comprised representation from all nine universities, Directors of Nursing, a nominated Dean and a Health Education England representative. The process included: scoping of the current PADs, meetings with academic and practice staff, student and mentor surveys, continuous engagement with service users from varied backgrounds, and stakeholder workshops. Following NMC approval, the PLPAD was implemented by the nine London universities and health and social care practice placements in 2014: March (three universities) and September (other six universities). Figure 1 sets out the timeline for the development and evaluation of the PLPAD 1.0, against the NMC standards, and the subsequent development and implementation of PLPAD 2.0 (see section ‘Subsequent developments’).

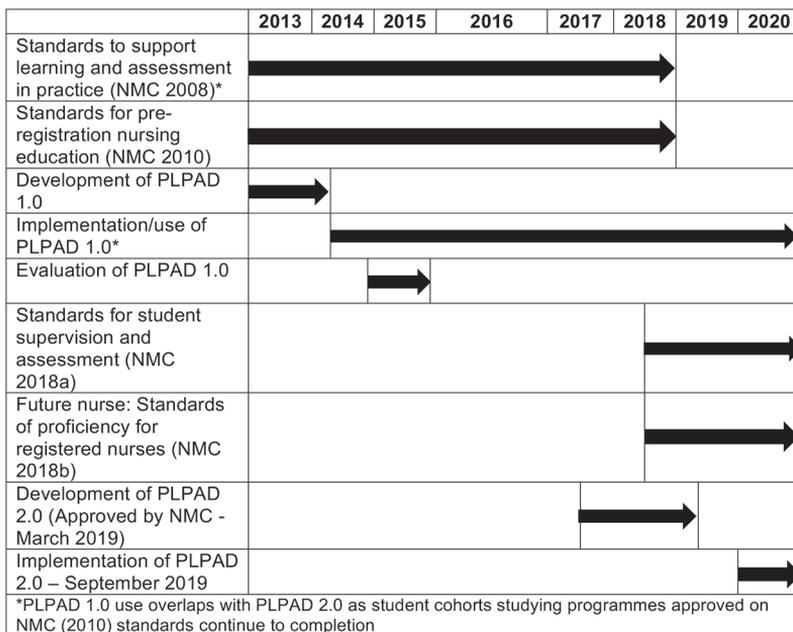


Figure 1. Timeline for PLPAD development and NMC standards

There were separate versions of the PLPAD for each field of nursing practice (adult, mental health, learning disabilities, child) and year of the programme (1, 2, 3). The PLPAD sections (see Table 1) were constant for each version but the assessment criteria, increased in expectations in year

2, and then year 3. The section on Essential skills included additional skills for years 2 and 3. Episodes of Care (a holistic assessment of care) were included in each part with the addition of medicines management in years 2 and 3. The PLPAD also included sections to record interviews (initial, mid-point and final) between student and mentor, a development plan, an action plan, record of additional experiences, and record of practice learning hours.

Table 1

Main sections in the PLPAD and explanation

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### **Essential skills**

There are five essential skills clusters, with individual skills identified for each (NMC 2010):

- care, compassion and communication
  - organisational aspects of care
  - infection prevention and control
  - nutrition and fluid management
  - medicines management
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### **Professional values**

The professional values were co-produced collaboratively with practice stakeholders and demonstrated progression during the programme.

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### **Section : Service user feedback form**

The service user feedback template was developed with service users from the areas of adult, child, mental health and learning disabilities to enable students to receive feedback directly from service users and carers.

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### **Episode of care (including Medicines management for years 2 and 3)**

Episodes of care are holistic assessments which enable the student to be assessed on all aspects of care and facilitate the student to reflect on their practice.

They demonstrate progression across the programme.

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As the PLPAD was such a major change in student nurse assessment across London, an evaluation was conducted during the first year of implementation, led by one university.

## **Method**

The aim of the evaluation was to investigate the views and experiences of nursing students, mentors and academics about using the PLPAD in practice. The methods were qualitative, taking a social constructionist approach, with the view that people together create social phenomena (Berger and Luckman, 1996). Focus groups were used as they are ideal for exploring people's experiences, opinions, wishes and concerns (Kitzinger and Barbour, 1999) and they link individual and group interactions so subjective views are seen within a fuller social context (Burr, 1995). The interactions between the participants stimulate more ideas for discussion; these data created through interactions can provide insights into public discourse (Kitzinger, 1994). The focus groups were conducted across London in March-April 2015 and so the participants had experienced using the PLPAD for a maximum of one year at this time.

## **Ethical issues**

The study met the UK's Health Research Authority (2017) criteria for a service evaluation and did not involve patients therefore a NHS Research Ethics Committee application was not applicable. The University Research Ethics Committee from the university leading the evaluation gave approval, which was accepted by other participating universities. All data were stored securely with data files encrypted and password protected. The invitation and information sheets explained the evaluation purpose, that data would be anonymous and participation was voluntary. The participants signed written consent forms prior to the focus group commencing. The signed consent forms were kept in a locked filing cabinet in a locked university office.

## **Data collection**

Focus groups were conducted with students (n=46 in 6 groups), mentors (n=46 in 7 groups) and academic staff (n=42 in 6 groups). Information sheets were distributed with invitation emails to mentors on the project database, students at each university and academic staff. The aim was to recruit mentors, students and academic staff from different fields

of practice, and students from different parts of the programme. The participant characteristics were constantly monitored and targeted recruitment was instigated when needed. An additional focus group was held with mentors due to lower attendance at two focus groups.

The focus groups were held at different sites to encourage participation by students and academic staff from different universities and mentors from varied practice settings. In the academic focus groups, there were staff from eight of the universities and, for the students' focus groups, seven of the universities. The mentors came from a wide range of practice settings covering all fields of practice. There were a good range of fields of practice and for students, different years of the programme (see Tables 2, 3 and 4).

Focus group topic guides were developed to elicit participants' views and experiences about the PLPAD with open questions and follow-up probes, asked on these topics: Overall experiences of the PLPAD, Professional values; Essential skills; Episode of care; Service user feedback. The facilitators were a team of nursing academic staff from the university that led the evaluation, and they were not involved in the development of the PLPAD. The team were prepared for their roles as a group by the lead researcher, to promote a consistent approach to facilitation. The facilitator asked open questions with follow up probes to clarify points or elicit further information. A second facilitator made notes about the discussion. Each focus group lasted approximately one hour and afterwards, the facilitators reflected on the discussion and noted key points, which were reviewed during initial data analysis.

Table 2  
Student focus group participants

Identifier	Field of practice				Year			Total
	Ad*	Child	LD*	MH*	1	2	3	
Students1	1	5	2	2	2	1	7	10
Students2	3	2	1	2	6	2	0	8
Students3	1	4	0	0	0	2	3	5
Students4	4	1	2	2	2	7	0	9
Students5	3	2	3	1	0	8	1	9
Students6	3	1	0	1	2	3	0	5
Total	15	15	8	8	12	23	11	46
*Ad=Adult; LD=Learning disability; MH=Mental health								

Table 3  
Mentor focus group participants

Identifier	Field of practice							Total
	Ad*	Child	LD*	MH*	Ad&Ch*	MH &LD*	Ad/Ch/LD*	
Mentors1	7	4						11
Mentors2		8						8
Mentors3		2						2
Mentors4				3				3
Mentors5	2	2	1		1			6
Mentors6	2		2	1	2	1		8
Mentors7	1	1		1	3	1	1	8
Total	12	17	3	5	6	2	1	46
*Ad=Adult; LD=Learning disability; MH=Mental health; AD&Ch: Adult & Child; MH&LD: Mental health & learning disability; Ad/Ch/LD: Adult, Child and learning disability								

Table 4  
Academic staff focus group participants

Identifier	Field of practice						Total
	Ad*	Child	LD*	MH*	Comm*	Lead*	
Academics1	3	3	1	1			8
Academics2	3	2	1		1		7
Academics3	7			1			8
Academics4				2			2
Academics5	3	1	2	1		2	9
Academics6	3	3	1	1			8
Total	19	9	5	6	1	2	42
*Ad=Adult; LD=Learning disability; MH=Mental health; Comm=Community; Lead= Course lead							

## **Data analysis**

All interviews were audio-recorded with the participants' permission and transcribed by a professional transcribing company. The data were analysed using Ritchie and Spencer's (1994) 5 stage framework approach. The research team worked together on the first 3 stages, led by the lead researcher. First the research team read through the transcripts to gain familiarity, noting issues, and also reviewed the facilitators' reflections (stage 1). The team then developed a thematic framework drawing from the focus group topics and issues noted from the data (stage 2). Using a qualitative data analysis computer package (NVivo), the team applied the thematic framework to all the data (stage 3). The lead researcher then charted the data using themes and focus group sources (stage 4), thus ensuring that any differences between views and experiences from different participant groups were illuminated. In the final stage, the lead researcher analysed the charts for patterns and associations (stage 5) and then reviewed these with the research team.

## **Findings**

There are four themes presented: A robust and consistent approach; Assessing professional values; Essential skills acquisition; Service user involvement. All these themes were well supported across the focus groups and data extracts are included from different participant groups, highlighting varied views and experiences, where relevant.

### **A robust and consistent approach**

There was virtually unanimous support from students, mentors and academics for having a unified document across London. Mentors and academics expressed that the standardised approach to assessment increased robustness of nurse education across London (Academics3, 5; Mentors1, 3, 4, 7): 'we know that each student has been assessed using a similar document' (Mentors7). Previously, there had been concerns because:

*we want a nurse at the end of the day, yet we were assessing them all in different gradings and in different ways. (Mentors7)*

Some participants suggested that there should be a national approach to student nurse practice assessment (Academics3, 5; Mentors4, 6; Students1). The unified document reassured students that they were all being assessed on the same outcomes (Academics5; Mentors1, 7; Students2, 4, 5).

There was widespread agreement that the PLPAD reduced confusion and workload for mentors, who often assess students from different universities (Academics1, 2, 3, 5, 6; Mentors2, 3, 5, 6, 7; Students1, 2, 3, 4, 5, 6). Students were less likely to receive negative reactions from mentors who were unfamiliar with their university's document (Mentors3, Students3, 6) as they were 'relieved not having to juggle different types of documents' (Students6). One mentor said:

*I just feel so much more comfortable because I know how to navigate round the document whereas if it was a different document I would be feeling dread before she [student] arrived because it's just extra work. (Mentors5)*

Prior to the PLPAD, students often had to explain their practice assessment document to mentors (Students2, 3; Mentors5). In addition, some students had found that mentors, faced with an unfamiliar document, would focus on the different layout rather than student achievement (Students2). Students reported that just seeing the front cover of the PLPAD with all the universities' logos was reassuring to mentors (Students4). With the PLPAD, students could better relate to what other students were doing in practice and could help each other if a student had difficulty understanding the document, regardless of their university (Students3, 4). In addition, as registered nurses may move jobs within London, 'wherever they go, from one trust to another, they know the documents' (Academics3).

## **Assessing professional values**

Prior to the PLPAD, there was considerable variation in how explicitly professional values were assessed. Developing the PLPAD led to a unified view about desired professional values for student nurses across London and how these should be assessed. There were generally positive

views about including explicit professional values (Academics2, 3, 5, 6; Students2, 6; Mentors1, 4, 6, 7), which were seen as more comprehensive than previously: 'I think for me that's one of the key strengths of the new PAD' (Academics5). Some academics and mentors considered that the professional values inclusion ensured a focus on professionalism in practice (Mentors6; Academics3). Some mentors and students expressed that professional values are a core part of being a nurse but distinct from other competencies or skills that nurses learn; including values in the PLPAD was therefore seen as an important way of assessing this distinction (Mentors1, 4; Students2). One student stated that there was a sense of satisfaction on receiving feedback on professional values: 'It made me feel that I was doing my job properly' (Students4). In some focus groups, participants discussed that the Professional Values provided a framework for discussing attitudes and behaviour and legitimised conversations in these areas (Mentors4, 5, 7; Academics4; Students6).

Academics and mentors often discussed how the PLPAD compared with previous assessment documents used in practice and there was widespread positivity about the professional values section. Many mentors and academics considered that the professional values were now more transparent and more clearly and explicitly defined than previously (Academics2, 3; Mentors1, 2, 5, 7). They were seen as being easier to understand (Academics2), requiring less interpretation (Mentors2, 7), easier to identify in students' behaviour (Mentors5, 7) and to articulate (Academics5; Mentors2, 7). This clarity about values led to a more robust and in depth assessment (Mentors1, 7; Academics1) with students knowing exactly what they are being assessed on (Mentors2), making it easier to identify unprofessional behaviour and develop clear action plans (Mentors 2, 4, 5).

Different opinions were offered as to whether the inclusion of professional values within the PLPAD actually changed professional behaviour amongst the student nurses, but some did observe improved professionalism (Mentors1; Academics2). Others were less sure whether they had observed an increase in professionalism that they could confidently attribute to the PLPAD (Academics2, 4; Mentors4). Students in one focus group were united in saying that they did not think their professional behaviour had changed because of the PLPAD (Students1). However, the reflective discussions between mentor and student about the impact of professional behaviour were seen by one academic to increase awareness of professional values amongst students (Academics2). Inclusion

of the professional values was seen by some to encourage reflection amongst students (Mentors7; Academics3, 5).

## Essential skills acquisition

The Essential Skills helped students to see what they needed to aim for across the year (Academics5). There was overall agreement across focus groups that the essential skills in the PLPAD, which were based on NMC (2010) requirements, led to a unified approach to how skills should be assessed in practice. The aim was that students should, on an on-going basis, develop these skills, which mentors would sign-off when achieved. Some students discussed this 'real-time' approach to skills demonstration and achievement positively (Students4, 5). However, some mentors expressed that students needed to be better at requesting that practice staff sign off their skills on an on-going basis, rather than asking their mentor to sign them all off at the end of the placement (Mentors2). From a student perspective, however, some staff preferred to leave sign-off of skills until the end of the placement which sparked some anxiety: 'Well, what if I don't get them signed off at the end?'(Students3). In one academics group it was discussed that the anxiety about completing the PLPAD's skills could have a negative effect on learning (Academics4).

Overall, there was a striking preoccupation with getting skills 'signed off' across the focus groups but particularly from students. Some students described being proactive: identifying what skills they could feasibly achieve in different placements (Students4, 5). However some descriptions indicated a 'checkbox' approach:

*In my first placement in September I managed to get 29 done out of 53 already, [...] in your next placement you can go from there and see what is left over. (Students2)*

Some academics discussed the iterative nature of skills practice and development with the need to practise the same skill with people from varied age-groups, with different conditions and in different circumstances, but there was a concern that if the students were assessed as achieving a skill, mentors would not perceive it necessary to assess the skill again (Academics2). Some mentors too highlighted that skills needed to develop beyond the minimum standard (Mentors4). The ongoing development of essential skills was not, however, discussed in focus groups with students

as the focus was on getting skills signed off.

The Episode of Care section of the PLPAD provided a counter-balance, with students assessed on an episode of patient care holistically ‘rather than just the signing off [of] skills’ (Academics4). One student suggested that this assessment was:

*More realistic to how we actually work as nurses, because if you polarise all the different skills and separate them all off then you haven’t got the package of what we do. (Students1)*

The Episode of Care was considered more than just a tick box exercise (Mentors4; Students2) and, for students, ensured that ‘someone’s had dedicated time with them and they get good quality feedback’ (Academics 5). Students also appreciated that this assessment was ‘happening in real time’ (Students4) and they considered it encouraged reflection (Students1).

## **Service user involvement**

The PLPAD promoted a consistent approach to service user involvement in practice assessment across London. Most focus group participants considered that positive service user feedback was important for students (Academics1, 2, 3, 4, 5, 6; Mentors2, 3, 7; Students3, 4, 5). For example, it was expressed that service user involvement could give students: ‘positive reinforcement from the service users even if they’re not getting it from the staff on the ward’ (Academics5). Furthermore, service user feedback could highlight what patients valued in their care, for example:

*Sometimes I think if the students are aware that that extra smile, ‘good morning Mrs Jones, did you have a good night’ – just a little something can make all the difference to some of the patients and if you are getting that feedback that then can reinforce that good practice hopefully to the student. (Academics1)*

Positive feedback helped to build students’ confidence and self-esteem (Mentors2), and was motivating and rewarding: ‘It makes you feel good’ (Students3). Students valued receiving the patient perspective alongside the more clinical perspective from their mentors (Students2, 3): ‘because the patients are the ones that we are caring for’ (Students2). One focus group discussed that service user feedback provided comments about

attributes that might not otherwise be recognised, such as the ability to make people laugh, smiling and being kind (Mentors3).

Practical or constructive feedback could offer important learning about which elements of students' practice worked well and what could be improved (Academics5; Students1, 5). An example was given of a student running a group session for people with learning disabilities. All of the group members were asked to provide service user feedback and several commented on the quietness of the student's voice making her hard to hear; this issue could then be addressed (Academics5). Generally, however, most academics and mentors expressed that the feedback provided by service users was overwhelmingly positive (Academics1, 2, 3, 5; Mentors2, 4, 5, 7) and there were various explanations discussed. There were concerns about biased selection of service users, a sense of obligation on the part of the service users and a lack of anonymity for service users. It was expressed that both mentors and students were likely to 'cherry-pick' (Academics5) service users to provide feedback, who they had a good relationship with or who they were confident would give positive feedback, and this was seen as one of the key reasons for the mainly positive feedback contained within the PLPADs (Academics1, 3, 4, 5, 6; Mentors1, 2, 3, 6; Students1, 2, 3, 4, 5, 6). For example, one academic reported:

I haven't seen anything other than 'very happy' I think and I always say to the students, 'why did you ask them?' And they say, 'well they said I was a good nurse'. 'So if they tell you you're a lovely nurse you'd say, oh can you fill this in please?' It makes me wonder at its value. I think service user feedback is valuable but it depends how it's done. (Academics1)

In addition, service users could be reluctant to write comments that were not positive:

*Parents especially, you speak to them afterwards and they couldn't write anything bad down, they feel they're [student] trying their best, they're learning and they feel like they need a boost of confidence and they want to write really nice lovely things that are not actually an objective feedback. (Mentors1)*

## Discussion

Immonen et al. (2019) highlighted the need for collaborative approaches to practice assessment with involvement from all stakeholders. The development of the PLPAD is an example of a collaborative approach to practice assessment of student nurses. The evaluation findings indicated strong support for a unified practice assessment document from mentors, students and academic staff. Mentors expressed reassurance that all students across London were being assessed in a consistent way, and there were suggestions that assessment was more robust. Mentors also found that having only one practice assessment document in use, rather than multiple documents, facilitated understanding of the PLPAD and enabled them to focus on students' development and performance rather than the documentation itself.

The PLPAD provided explicit clarity about professional values and there was positive support for them from academics, students and mentors. Fitzgerald et al. (2010) identified that mentors lacked ability to give accurate feedback on professional values and behaviours. However, focus group participants in the current study considered that the transparency of the professional values in the PLPAD enabled mentors to give honest feedback.

The PLPAD also made the expectations for essential skills acquisition explicit and there was positive support for the unified approach to the development and assessment of essential skills for student nurses across London. Helminen et al. (2016) identified that the explicit focus of assessment is important as students concentrate on achieving the required competencies, which they are aware will be assessed. However, student nurses' preoccupation with getting skills signed off in their PLPADs was evident during the focus group discussions. The Episode of Care assessments in the PLPAD were new to most universities involved but their holistic approach to assessment seemed to counter the potentially reductionist nature of skills assessment. The Episode of Care assessments also encouraged reflective practice, which is important for continuous learning (Immonen et al., 2019) and can help students develop self-directed learning abilities (Fuentes-Pumarola et al., 2016).

From a scoping review, Suikkala et al. (2018) identified limited service user involvement in assessment of nursing students in practice. Similarly, prior to the PLPAD development and implementation, service user involvement in practice assessment of nursing students was not

well established in London. The positive evaluation results indicated that the PLPAD seemed to address some of the challenges of service user involvement in student nurse assessment, which are identified in the literature (Haycock et al., 2016). As service users may experience care in different settings across London, encountering students from various universities, the PLPAD means that they are approached for feedback in a consistent way. There were examples of service users identifying qualities of students that mentors may not; these experiences support previous research (McMahon-Parkes et al., 2016). In the focus groups there were some concerns expressed about accuracy of feedback, particularly that it may be skewed positively due to selection bias; this concern has been raised previously (Haycock et al., 2016). However, as mentors become more confident and familiar with the service user feedback process in the PLPAD, concerns may be diminished.

## Subsequent developments

The development of the Pan London Practice Assessment Document was referenced in NHS England's *Raising the Bar: Shape of Caring* review into the future education and training of registered nurses (NHS England, 2015). The review recommended that the NMC should explore the development of a national assessment framework to promote consistency in assessing student nurses in practice placements. In 2018, the NMC published new education standards for pre-registration nursing (NMC 2018a, 2018b) and a revised version of the PLPAD (PLPAD 2.0) has been developed to align with these new standards, as shown in Figure 1. The PLPLG website includes the most current versions of the PLPAD and associated information about assessment roles (see: <https://plplg.uk/plpad-2-0/>). There has been an increasing drive towards unified practice assessment documents to assess students undertaking pre-registration nursing programmes across nations and regions in the UK, and other regions have approached the PLPLG to adopt the PLPAD 2.0. To date, 74 universities in England are now using the PLPAD 2.0, with some minor variations. We are unaware of any evaluations of the PLPAD 2.0 to date but it would be valuable to study the more widespread implementation of a unified practice assessment document.

## **Strengths and limitations of the evaluation**

The focus groups enabled rich discussions about experiences of using the PLPAD in practice and there was wide representation in terms of field of practice, year of programme (students) and universities. The evaluation does not report on the stakeholders' perspectives separately but, within the four themes, differing perspectives are highlighted where applicable. The evaluation focused on views and experiences of using the new document in the first year of implementation and could not measure the impact on student performance or quality of graduates. A further limitation was that service users' views about contributing to practice assessment were not elicited.

## **Conclusion**

The development and evaluation of the PLPAD was a significant collaborative project, where nine universities worked together to agree a common approach to assessing student nurses in practice, and developed a unified practice assessment document for use in diverse practice placements across London. The extensive collaboration with wide ranging stakeholders ensured they influenced the change, contributed to the development of the document and consensus was agreed. The explicit assessment of professional values, which had been agreed collaboratively with multiple stakeholders, was welcomed. A unified approach to service user involvement in student nurses' practice assessment was a positive step forward in an area perceived to be challenging. A unified document was considered to reduce confusion and workload for mentors who often assess students from different universities, and enhanced the consistency and standardisation of the assessment of student nurses across London. To conclude, the results from this evaluation revealed benefits of a unified practice assessment document, and provided evidence to support a national assessment framework.

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