

# Mechanisms that support the assessment of interpersonal skills:

## A Realistic Evaluation of the interpersonal skills profile in pre-registration nursing students

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**Abstract:** In many health professions, experienced practitioners assess students' or inexperienced practitioners' clinical skills but do not formally or explicitly rate their interpersonal skills, even though it is often suggested that failing or struggling students have poor interpersonal skills. The Interpersonal Skills Profile (ISP) has been widely used in UK health care programmes. The tool allows assessors to select five statements from a list, which they feel reflect the student's achievement. These are usually graded from fail to excellent.

Using a Realistic Evaluation approach this study examined how the ISP was used to assess interpersonal skills in a university pre-registration nursing programme. The use of the ISP was investigated through interviews with clinical nursing mentors, practice education facilitators and education champions as well as a documentary analysis of student assessment booklets. The findings led to the development of three middle range theories which may be useful in other contexts. These focus on: 1) overt assessment of interpersonal skills, 2) providing support to mentors and 3) feedback and 'feeding-forward' to students.

**Keywords:** practice assessment, nursing students, interpersonal skills, realistic evaluation, practice assessors, feedback

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## Introduction

Healthcare practitioners require well-developed interpersonal skills, but these are difficult to identify and assess. One response has been the adoption of an Interpersonal Skills Profile (ISP) (Knight, 1998) to be completed by practice assessors. This paper draws from a doctoral study which used a Realistic Evaluation (RE) approach (Pawson & Tilley, 1997) to examine the use of an ISP to assess pre-registration (qualifying) nursing students at one higher education institute (HEI) in the United Kingdom (UK). RE asks 'what works for whom and how' through identifying context-mechanism-outcome (CMO) configurations which, as we shall discuss later, can support middle range theories (MRTs). This paper will summarise the difficulties of assessing interpersonal skills; describe the ISP and this study, which examined how the ISP was actually used by mentors in practice; then present three MRTs developed from the findings. While grounded in a particular case study, the MRTs are sufficiently abstracted to suggest what might work for other professions in practical settings with similar issues.

## Context

Professional education requires some practical component in order to both teach practical skills and to socialise students into the profession (Smeby, 2007). Nursing is one of many professions in which a large proportion of the training is spent in practice. How this is enacted varies between professions and countries. Regardless of the form it takes, assessment of students in the work or practice setting is difficult to undertake and notoriously inconsistent (Allison & Turpin, 2004; Bogo et al., 2004). However, differences are not only between professions or HEI, even students who are on the same programme will have a wide range of experiences (Wilson & Scammell, 2010). Not only is it difficult to standardise the student experience, but equally it is a challenge to prepare assessors to the same standards (Govaerts et al., 2011). However, even if all assessors could be adequately trained and prepared in assessment procedures, as Ginsburg and colleagues (2010) identify, subjectivity remains inevitable in the context of practice or the workplace. Therefore, they suggest, assessment should start with what the assessor actually observes, rather than trying to 'standardise' these perceptions away (p. 784). Within this already challenging context,

the assessment of interpersonal skills and professional behaviours is even harder to capture (Hawkins et al., 2009). The mechanisms and MRTs identified in this study try to uncover what can support assessment of interpersonal skills, despite assessors' variability.

Though interpersonal skills are tenuous and difficult to describe, their importance is recognised by practitioners (Mann et al., 2005). Unlike exam or essay questions, interpersonal interactions are fleeting and unrecorded, we have only the recall of those involved to rely upon (Shapton, 2007). Personal attributes and communication skills clearly influence the assessment of students in the practical setting, mostly as part of the hidden curriculum (Hilton & Slotnick, 2005). However, explicit assessment of interpersonal skills is often missed, especially if assessment documents do not specifically include interpersonal skills, attitudes and behaviours (Regehr et al., 2007). Studies of medical residents suggest that identifying students with problems in interpersonal skills (that is poor initiative and impaired relationships with students, residents, faculty, and nurses) can be predictive for professional disciplinary action after qualification (Papadakis et al., 2005; Teherani et al., 2009). Problems with interpersonal skills are not uncommon; for example, in a survey of over 1,900 nursing mentors in the UK, 69% reported that 'attitude (for example, work ethic, time keeping)' was the worst area of student skill and aptitude (Gainsbury, 2010).

Turning to the UK nurse education context for this study; from about six weeks into their programme, nursing students spend half their time in practice or work-based settings, usually spending from four to 12 weeks in each placement for a total of 2,300 hours over a three year programme (NMC, 2008a). During these periods in practice, students are expected to have the supervision of a mentor for 40% of the time. Mentors are clinical nurses who have received some preparation on education and assessment and work in the student's practice setting (NMC & Mitchell, 2008), but who are given no extra time or financial compensation for mentoring students (Burke & Saldanha, 2005). Although the UK has no national licensing exam, each HEI has to ensure students meet the national requirements provided by the NMC (2008a). Mentors are responsible for assessing the practical component of the programme and HEIs provide practice assessment documents to support and regulate this process. HEIs also provide education programmes for mentors and training related to practice assessments.

## The Interpersonal Skills Profile

The Interpersonal Skills Profile Tool (ISP) was developed by an occupational therapy lecturer in the UK (Knight, 2003; 1998). The ISP attempts to explicitly assess students on interpersonal and professional aspects of their observed performance, using criterion referencing, rather than norm referencing based on the mentor's personal experiences (van Mook et al., 2009). It comprises 40 statements about interpersonal skills, professionalism and engagement with the learning process, against which students' performance in practice may be graded. These were based on comments drawn from assessors' reports of students in occupational therapy. The ISP is currently in use in several UK HEI's and several health care professions (for example, nursing, occupational therapy, paramedics), either in its entirety or in an adapted form. Therefore, evaluation of how it is actually used in practice is timely, to shed light on an important and challenging area of practice assessment. This study examines the use of the ISP to assess pre-registration nursing students at one large multi-site HEI in the UK, but the findings may also prove useful across other health and non-health related professions that have a practice component.

The profile of statements selected by mentors enables students to be awarded a range of grades from a fail to recognition of excellence (see the ISP on p.57). There are three areas where some items are graded differently in different years of the programme to recognise developmental trajectories. For instance, item 8 *'Needs to take responsibility appropriate for this level'* is graded as pass in the first year but invokes a fail grade in years two and three. Such items (8 through 13) are termed 'borderline' items. There are similar dual grading sections to allow for progression between pass and good (for example, item 25 *'identifies own learning needs'*), and good and excellent (for example, item 35 *'shows a mature understanding'*).

The ISP in use during this study was very slightly modified from the original ISP (Knight, 1998). The HEI faculty removed one statement [makes effective use of opportunities and resources] and added space for the assessor to provide comments supporting the selection of each item, and for students to write a paragraph of self-assessment on the next page. The remaining 39 statements [see appendix] are graded fail, pass, good or excellent, and mentors are required to select five statements for each assessment to provide the student with feedback on interpersonal skills and aspects of professionalism. The ISP is one component in a more extensive practice assessment document.

## The study setting and data collection

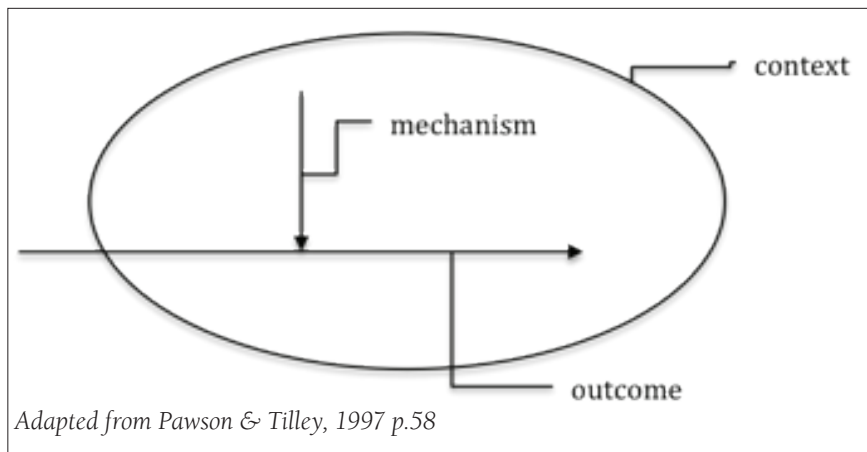
This study took place in an HEI that offers nursing programmes in all four fields of practice on the UK Nursing Register (Adult, Child, Learning Disability and Mental Health), with placement opportunities in each field offered in acute, long term and community settings with all degrees of acuity. The HEI had a complex practice document assessing clinical skills and proficiencies required by the NMC (2007).

To develop an understanding of how the ISP was actually used in practice, three groups were approached for interviews, including practitioners from each field of practice. Practice education facilitators (PEFs)—whose role was to support all health care professionals involved with teaching and assessing students in the practical setting and who had wide experience of supporting mentors— were approached to gain a broad overview. Education champions (ECs)—who were lecturers responsible for supporting mentors and students in particular areas, like a hospital or area in the community— provided an HEI perspective. Mentors were invited to contribute interviews and students were invited to lend their practice assessment booklets so that copies of the ISP assessments could be taken. Seven PEFs, four ECs, 15 mentors and 20 students contributed to the study (see table). Most participants were from the Adult field of nursing. The practice assessment booklets contained examples of ISP use and comments by around 100 mentors.

Table 1. Research participants

Participants	Number of interviews/sets of documents
PEFs Multidisciplinary and multi-field roles. 6 nurses and 1 allied health professional.	7 interviews (6 transcribed, one restricted to field-notes after recording failure) 3 follow-up interviews (PEFs 01-03)
ECs Link to areas in all fields, more emphasis on Adult areas. Acute care (3), Community (1)	4 (all transcribed)
Mentors Adult (10) & Child (4) all areas of acute trust including outpatients. Community Learning Disability (1)	15 (14 transcribed, one restricted to field-notes after recording failure)
Documentary Analysis from two cohorts 09/07 and 03/08 Adult (14), Learning Disability (2) and Mental Health (4)	20 sets (16 complete for 8 modules—first two years of programme)

Figure 1  
CMO configuration



## Realistic Evaluation

This study used a Realistic Evaluation (RE) approach (Pawson & Tilley, 1997) which links the evaluation to the context in which it was conducted and looks at what mechanism or combination of mechanisms may have contributed towards observed outcomes. The aim is to identify Context + Mechanism = Outcome (CMO) groupings from the data (see figure 1).

Context refers not just to the physical setting but also the culture and practices in which the research is conducted. The identified mechanisms— inferred from observations—are processes that may be triggered by an intervention (in this case use of an ISP) and, in interaction with features of the context, lead to certain outcomes (Wong et al., 2012). Finally, outcomes refer to the observed patterns of events. The triggering of mechanisms can be complex and affected by many factors. The relationships between contexts, mechanisms and outcomes are also complex. The C+M=O formulation looks deceptively simple, but is a powerful heuristic device that prompts close examination of processes and possible causes for effects. ‘Outcome-patterns comprise the intended and unintended consequences of programmes, resulting from the activation of different mechanisms in different contexts.’ (Pawson & Tilley, 2004, p. 7). The purpose of data analysis in RE is to identify what makes up context, mechanism and outcome. Sometimes a context in one situation can be a mechanism in

another. For instance, in discussing fireworks, dry storage could be a context when looking at shipping but a mechanism for successful firing of the rocket. In RE, empirical data is used to refine (or reject) hypotheses that researchers bring to their studies (Pawson, 2003), building ever more robust CMO configurations which can be posited as MRTs (Byng et al., 2005; Pedersen & Rieper, 2008).

In this study, a cyclical approach to analysis was adopted: each interview was transcribed and at least a preliminary analysis was undertaken before conducting the next interview. Data from interviews and documents were analysed retroductively (Kazi, 2003), searching for mechanisms that underpin how the ISP was used by mentors in practice and abstracting the mechanisms to identify what might work for other professions in similar practical settings. Four CMO configurations were identified with four main contexts, twelve mechanisms and two main outcomes. Through this back and forth process of inductive and deductive coding (Elo & Kyngas, 2008) and abstracting from the data, three MRTs of what works in an assessment tool to support assessment of interpersonal skills in a professional practice setting were identified.

## **Middle range theories**

Middle range theories (MRTs) are common in nursing (Smith & Liehr, 2008) and are arguably the highest level of abstraction that can be developed from research into contextually bound and practice based questions. MRTs can organise a set of hypotheses and relate them to empirical findings in a way that others can find useful and may enable those findings to be used in other settings (Boudon, 1991). By grouping the mechanisms identified in the study into three 'mechanism families' related to an underpinning thread, three MRTs of how a tool such as the ISP can support the assessment of interpersonal skills can be proposed.

First some specific contextual factors will be reviewed, followed by a brief discussion of outcomes. Quotations from mentors will be marked M; the abbreviations PEF and EC, which were introduced earlier, will be used for contributions from participants with these roles.

## Enabling and disabling contexts identified in the study

In a sense, each student is engaged in his or her own nursing programme, having worked with different clients, families, staff and in a variety of settings. Within those environments there are additional inconsistencies; being busy and under pressure are common complaints in many settings (Govaerts et al., 2011). PEF07 describes some of the many challenges that nursing mentors face in assessing pre-registration nursing students:

P29: PEF07 (205:205)

*PEF07: I mean, sometimes because of the time frame, it is a forced relationship and the student is obviously there to learn [...] they don't know the student for very long they have to make a comment or judgement, [...] it's a huge responsibility then for the mentor because they can only go on the information that is provided to them or what they saw themselves I think people do feel uncomfortable [...]*

This pressure can mean that mentors find it difficult to assess students after a short period of time.

P7: M07 (75:75)

*M07: I think it is very difficult especially when they perhaps haven't been here for a long period of time and you have got to assess that. Yes but at the same time I think it [the ISP] is a good thing to do definitely. I think it is very helpful because obviously just because you have...you can do certain tasks doesn't mean you have the skills that you really need.*

Outside of the ISP itself, factors that enable the assessment of interpersonal skills are: the enthusiasm and engagement of the mentor; settings where mentors feel prepared and confident in their own judgement; and areas that welcome students. Other broader factors include the NMC's Standards (2008b; 2006) and a push by both clinical areas and the HEI to better prepare mentors.

In this study, interpersonal skills are seen as ephemeral, difficult to define and uncomfortable to assess. Furthermore assessors feel ill prepared to do so and are unsure that the assessment was even wanted by the HEI. Even confident, strong mentors feel challenged by the practice assessment document, and the pressures of work and time. Thus, disabling factors for assessment of interpersonal skills are the practice setting, an assessors' own training, experience and level of confidence, and the nature of what



is being assessed. Situational factors are also important. In placements of a week or two in duration, the nuanced grades of interpersonal skills are challenging to assess. Awarding good and excellent may also be a challenge as some of the higher items (for instance, confidence in decision making and being innovative) may be difficult to achieve in specialist areas.

## Outcomes

Prior to the introduction of the ISP in the placement documentation, interpersonal skills may have been addressed; however, participants suggest it was not clearly done, there was nowhere to document it and students may have been unaware of the assessment. The main outcome of the ISP, identified in the study, is that interpersonal skills are overtly assessed. Everyone involved in assessment after the introduction of the ISP is aware that interpersonal skills are actually being assessed and can identify what is expected. Furthermore, the assessment enables students to change (improve their skills) and/or challenge their assessments.

## Middle range theory 1: making it overt

What the ISP seems to be doing is making the assessment of interpersonal skills overt and thus usable. This transparency can create a potential for learning dialogue between assessor and student (Gillespie, 2005). Though some items are ambiguous (for example, what exactly constitutes a ‘pleasant and approachable manner’, , item 23 ISP –see Appendix), the presence of descriptors in the document opens up an awareness of an expectation and a possibility for the mentor and student to discuss these expectations. In this study, overt-ness is achieved through three mechanisms (*explicit, clarity, levelling*) discussed below. Mechanisms are denoted by *italics* and will be expanded upon in turn.

By being *explicit*, the ISP brings the assessment of interpersonal skills to the surface of the practice learning experience. Assessors can see that they are expected to comment on aspects such as maturity (items 13, 24 and 35), teamwork (items 22, 28 and 36) or responsibility for learning (items 6 and 27).

*PEF07: I think it [the ISP] probably highlights that it is just as important for mentors*

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*and students to be aware that students that can equally fail on clinical skills as well as interpersonal skills whereas before I think 95% mentors really focused on clinical skills and I think they forgot about the interpersonal [...] so I suppose it just makes people aware, and raises the profile, and I think that it has gotten them to question their own opinions and interpersonal skills as well, of their own personal judgement really.*

Though some mentors report interpreting the borderline items differently and documentary analysis reveals that evidence for choices was heterogeneous, the mechanism of *clarity* is important. The ISP is in the assessment document, for formative and summative use in every part of the programme, making it apparent to all that interpersonal skills are an important part of the assessment. Not only is the need to assess interpersonal skills seen but mentors can clarify students' progress both to help them develop and for summative feedback.

*MA07: ... [it is] helpful to the students really because it is pointing out things they need to improve on so that they are more self-aware. I mean I have had to speak to both of them [current students] about certain issues that weren't necessarily a problem but things that they needed to improve on really...it [the ISP] is motivational I suppose.*

Finally there is a *levelling* mechanism that does not overcome but can minimise the great variability between practical experiences. All placements in the pre-registration nursing programme are required to assess using the ISP, regardless of field of practice, acuity of the setting, and year of the programme. This means that interpersonal skills are not linked to a particular aspect or type of nursing but reinforces that interpersonal skills permeate all of nurses' (or any) professional practice. While assessment remains a local practice (Knight & Yorke, 2008), the ISP can provide some consistency to assess—at least the lower scoring items (as identified in enabling and disabling contexts above)—in a variety of settings.

Abstracting from the particular context of pre-registration student nurses in one HEI, the first proposed MRT is:

Making requirements about assessing interpersonal skills clear to students and assessors, can enable overt assessment and learning.

## Middle range theory 2: providing support

This group of six mechanisms seems to revolve around supporting the mentor, both practically and emotionally, to complete the assessment. A *place to document* is a pragmatic mechanism that literally allows assessors to capture the transitory and intangible aspects of practical education. Circling an item on the ISP and writing a comment or providing evidence may assist in assessing interpersonal skills and in documenting conversations. Previously, mentors reported that they could not fail students if the problem was not in the documentation.

*EC4: I think before the documentation we had was that if you're not assessing something in a way it's hard to address it [...] it was sort of a generic progression rather than perhaps identifying any particular areas, so there were students who would turn up late, those students who would be off sick a lot, there would be students who were quite negative, but there was no way sort of purposively for mentors to write it and so in a way not having to raise it they didn't [...] although those things are quite important to anybody who's a trained nurse there was nowhere of putting it in our previous documentation where now that we've got it, it makes it a very real issue now, that actually as a mentor it is about professionalism as well as delivering clinical care.*

The *prompt* mechanism lies between practical and emotional support. By existing in every practice document twice, the ISP serves as a visual reminder that the assessment must take place.

*PEF08: I think it gives them support but it also gives them a prompt, whereas they might have just kind of let things slip before, they are not able to as such here, they've got to do this assessment...*

Prompting is important in that assessors may not consciously look at attitudes and behaviours if they do not feel they form part of the assessment.

*Enabling* functions on two levels. Firstly, in this study, mentors found it easier to select items from a list than to have to generate their own responses.

*PEF02: I think probably it's like a, it's easy isn't it, writing a learning contract you've got to have the time. The ward staff are phenomenally busy, when you've got a failing student and it's phenomenally hard, especially some of the ones we've had recently so to be able to write a number and just write a brief thing kind of gives a*

*nice segment (sic) section to be able to do it, so yes they say they like it they find it easy, they find it useful.*

The second practical aspect of *enabling* is simplicity. Research has demonstrated that assessors frequently do not use lengthy or complicated assessment documentation (Calman et al., 2002; Hunt et al., 2011; Huybrecht et al., 2011), a finding supported in this study by one mentor who suggests that detailed assessments do not get done as well or as often.

*M05: [...] I think it is going to be harder and harder to make the time and the documentation tends to get more detailed or precise, it is not going to be done either one, as thoroughly or two, as often [...].*

Simple tools support the assessment process and allow mentors to decide what is important to note about the student's behaviour.

Three further mechanisms in this grouping provide emotional support. The ISP gives mentors a *distance* from which to assess interpersonal skills. The one-to-one relationship between mentors and students and the face-to-face verbal assessment is emotionally difficult.

*M15: [...], obviously it's my opinion but it's not my exact comment [the ISP], whereas if I was to write a comment saying, 'difficulty with this that and the other' it would feel that I was personally attacking them, where that way it's still personal but it takes a little bit of the personal edge away.*

Mentors work closely with students and need to continue to do so after the assessment period. The ISP provides a way for them to initiate difficult conversations, without it seeming like they are personally attacking the student. *Permission* and *legitimises* are two closely aligned mechanisms that function by reinforcing to the mentor that they are allowed to assess such subjective aspects as interpersonal skills and that they are not alone in doing so. *Permission* relates to all mentors.

*PEF02: [...] because I think as I said at the very beginning when you see [the ISP] in black and white, it gives people permission to identify what the issue is.*

Whereas *legitimise* supports mentors lacking confidence.

*PEF08: They [mentors] love it, for the same reason I do, it's that you've always had these students who are borderline and you know, yes, if you are a very strong person you can do something about it but I think on the whole people aren't experienced*

*enough, a very small percentage of mentors would actually be experienced enough and mentally strong enough to deal with it'.*

By including items related to motivation, confidence and response to criticism in the tool with evident *consequences* the academic institution is sending a clear signal to practice assessors that failure, or reward, is an assessment option. As discussed above, an outcome of these mechanisms is that they increase mentor confidence in assessing interpersonal skills. However, *increased mentor confidence* is itself also a mechanism that supports mentors to overtly assess interpersonal skills.

The second proposed MRT is:

A tool to assess interpersonal skills that is provided in practice assessment documentation can support assessors both practically/physically and emotionally.

### **Middle range theory 3: Feedback-feed forward**

The ISP is used both for formative and summative assessment. Some theories of assessment suggest that different tools should be used since midpoint and final assessments have different purposes (Galbraith et al., 2011). However, in practice, where the assessors have little access to training, it is simpler to use the same tool for both assessments (Dalton et al., 2009). Ideally, if a midpoint assessment is completed, the student can use the formative written and verbal *feedback*, to improve their skills (Fotheringham, 2011), and as a benchmark for what they might achieve in the summative assessment. Furthermore, the student can use the feedback from one placement to prepare for the next.

*M01: But this, I do feel that this document does help, but it also helps to motivate as well. It is nice to get feedback about how you are doing.*

*KM: So you think the students who are at the better end feel motivated.*

*M01: Definitely, even those who aren't the fact that I have seen an improvement in their performance because of this...(taps the ISP).*

For the mentor and the student, the *consequences of assessment* can clearly be seen; some items will result in a fail while, others indicate superior performance. In this study mentors reported enjoying being able to reward

good practice and thought it could stimulate students' motivation.

*M05: Actually as a progressive thing as well, if someone sees that they are improving and going up the scale that is more motivational. So it can be more motivational as well.*

Students often find it difficult to hear and respond constructively to *feedback* (Eva et al., 2011) and the intention of the mentor, to 'feed-forward' to the summative or next assessment can be lost (Knight, 2006). This difficulty in assimilating critical feedback means that the mechanism of *evidence* is also important. Because there is a *place to document* the reasons behind the choice of items selected, there is a record for students to return to and potentially learn from or to challenge if it is perceived of as unfair. From the documentary analysis it could be seen that *evidence* was not always well executed and assessments could be seen to be done late in the placement or both the formative and summative on the same day. However, the requirement to provide evidence for the selection of items supports a level of transparency and clarity [see MRT 1] that allows the student to either accept the comments or to challenge them.

The third proposed MRT is:

Overt feedback and written evidence that has clear consequences can feed-forward and be motivating to students. It can allow students to assimilate feedback and develop their practice; or constructively challenge potentially biased feedback.

## **Limitations of the study**

There were limitations of this doctoral research in which the first author was not only conducting a study but learning how to do so. The most relevant here is that students were not interviewed. Though their practice documents were obtained, the outcome that students could change or challenge came from the words of their assessors (mentors), supporters (ECs) and observers (PEFs). Further study of the use of the tool involving observations of midpoint and summative assessments with follow up interviews could provide a richer picture of the experience of being assessed and a way to interrogate the MRTs and mechanisms developed.

## Recommendations for practice

The ISP is a practical tool, and is already in use in several institutions and professional programmes. The recommendation of this study is that some sort of overt assessment of interpersonal skills should exist in the practice documentation alongside practical skills and knowledge assessments [MRTs 1 and 2]. Furthermore the feedback from this assessment should be both verbal and written so that students can both digest it and have evidence to challenge any potentially unfair assessments [MRT 3].

## Conclusion

Interpersonal skills form an important part of professional education and are notoriously difficult to assess. Through being *clear, explicit* and providing emotional and practical support through *distance* and a *place to document*, an assessor can initiate difficult conversations that might serve either to help the student improve, or if necessary support the difficult process of failing the assessed practice. A vital part of assessment is written *evidence* so that students can understand and respond to *feedback* by changing their practice or *challenging* a potentially biased or unfair assessment. Traditional summative assessments often measure something other than what evaluators are actually looking for (Broadfoot, 2001) and not everything worth learning is measurable; the purpose of assessment should be to support learning (Neighbour, 2003). Instead of trying to eliminate differences and variability between practice settings and individual mentors, the ISP can capture their assessments with the safety net that biased assessments can be picked up and challenged. Reflecting on the different agendas of practical and academic learning, Millar (1985) said: 'nurses rely on implicit knowledge, nurses see that nursing is what nurses do, while educationalists see it as what nurses ought to do' (cited in Andrews & Jones, 1996). In its simplicity and overt place in the documentation, the ISP allows nurses to decide what nursing is and make that knowledge explicit, in effect handing interpersonal skills assessment from the HEI over to the practitioner, while providing safeguards for all stakeholders.

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Levels of achievement in the interpersonal skills profile

This Interpersonal Skills Profile is an essential element of the Practice Assessment and all students must achieve a Pass grade if they are to progress with the course. However, we recognise that there needs to be an opportunity to progress and that student's early in the course should not be expected to show the same maturity of approach as students nearing qualification.

Please select FIVE comments from the list below which most closely describe the performance of the student.

\*the table has been altered and instructions for evidence to support comments not included, in order to fit the page

- |  |  |
|--|--|
| 1. (F) Behaves in an unprofessional manner.                        | 21. (P) Accepts appropriate responsibility.                                |
| 2. (F) Unsafe to practice.   | 22. (P) Fits well into the team.   |
| 3. (F) Displays a negative attitude.                               | 23. (P) Has a pleasant and approachable manner.                            |
| 4. (F) Blames circumstances for difficulties encountered.          | 24. (P) Displays a mature attitude.  |
| 5. (F) Appears to lack motivation.                                 | 25. (P) Well-motivated and adaptable.                                      |
| 6. (F) Does not define own learning needs.                         | 26. (P/G) Is able to reflect on outcomes.                                  |
| 7. (F) Lacks self-awareness and the effect of behaviour on others. | 27. (P/G) Identifies own learning needs.                                   |
| 8. (F/P) Needs to take responsibility appropriate for this level.  | 28. (P/G) Has made a useful contribution to the work of the team.          |
| 9. (F/P) Lack of confidence inhibits effective performance.        | 29. (P/G) Shows a good understanding of the concepts of nursing/midwifery. |
| 10. (F/P) Needs more experience at this level.                     | 30. (G) Displays confidence.   |
| 11. (F/P) Reacts adversely to constructive criticism.              | 31. (G) Analytical in approach, drawing from a wide range of sources.      |
| 12. (F/P) Slow to settle.  | 32. (G) Offers informed and considered opinions.                           |
| 13. (F/P) Lacks maturity.  | 33. (G) Realistically evaluates performance.                               |
| 14. (P) Needs to be more assertive.                                | 34. (G/E) Capable of informed decision-making.                             |
| 15. (P) Could have made more use of available resources.           | 35. (G/E) Shows a mature understanding.                                    |
| 16. (P) Has not achieved full potential.                           | 36. (G/E) Valued team member who has gained respect.                       |
| 17. (P) Willing to try.  | 37. (E) Innovative, develops fresh ideas.                                  |
| 18. (P) Has developed in confidence.                               | 38. (E) Consistently works at a higher level than expected.                |
| 19. (P) Skills will develop with practice.                         | 39. (E) An excellent performer in all areas.                               |
| 20. (P) Assimilates new information.                               |  |

Key: The Profile affords a number of levels of achievement, which will be used in the following manner:

Fail (F)	This grade applies in all three years of the course. The inclusion of this grade in the student's profile constitutes a Fail for that module.
Fail/Pass (F/P)	This grade denotes a Pass in Year 1, but a Fail in Years 2 and 3.
Pass (P)	This grade denotes a Pass in all years of the course.
Pass/Good (P/G)	This grade denotes a Good profile in Year 1 and a Pass in Years 2 and 3.
Good(G)	This grade denotes a Good profile in all years of the course.
Good/Excellent (G/E)	This grade denotes an Excellent profile in Year 1 and a Good profile in Years 2 and 3.
Excellent (E)	This grade denotes an Excellent profile in all years of the course.