Core paper: Learning and Teaching Strategies Theme

Clinical Grading: A Pilot Study to Evaluate the Implementation and Effectiveness of Mentor and Student Preparation for Clinical Grading

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Lead author biography

Lesley Lockyer qualified as a registered nurse in 1980 from the Guildford School of Nursing, UK. She went on to obtain a BSc in Nursing Studies in 1987 and a MSc in Research Methods in 1992 from the University of Surrey and then a PhD from Royal Holloway, University of London, UK in 2000, that explored the experience of women with coronary heart disease. Her area of clinical expertise was cardiac nursing and she worked as a clinical nurse and a research nurse in a number of cardiac units. Lesley has worked as a Senior Lecturer in the Department of Nursing and Midwifery at the University of the West of England since 2002 where she lectures in research methods, evidence based practice and good clinical practice in research. Her research since 2002 has in the main focussed on aspects of learning and teaching including simulation, blended learning, continuing professional development and the relationship between attendance, attainment and attrition.

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Background

The NMC: Nursing and Midwifery Council (Nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland) have mandatory requirements for student nurses on NMC approved pre-registration nursing programmes. The assessment of theory and practice is deemed by the NMC to be of equal weighting (NMC, 2010). Whilst on placement there is a requirement that student nurses are supported and assessed by mentors (NMC, 2008) who are required to have undertaken a post qualifying nursing programme in learning and assessment in practice (NMC, 2006). Final placement students are allocated a sign-off mentor or practice teacher who has undertaken further learning and "can make judgements about whether a student nurse has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register" (NMC, 2008: pg. 9).

To demonstrate these 'standards of proficiency' student nurses must achieve key competencies by the completion of the programme (NMC, 2010), set out within a competency framework for each branch and laid out under four domains (NMC, 2010: pg. 11):

1. Professional values
2. Communication skills
3. Nursing practice and decision making
4. Leadership, management and team working

There are arguments for and against grading practice; Gray and Donaldson (2009) in their literature review articulate both arguments. However a number of UK universities now grade practice accepting Andre's (2000: pg. 672) argument that:

"A practice based discipline such as nursing, that espouses the value of applying such skills to practice, needs to consider how such value can be communicated in academic form."

Grading practice is viewed as an approach to assuring newly registered nurses have the knowledge and skills to provide safe and competent nursing care (Amicucci, 2012; NMC, 2010).

In September 2013 new nursing curricula were validated at the University of the West of England. Grading practice was part of the assessment strategy in these curricula and a pilot project to evaluate the implementation and effectiveness of mentor and student preparation was proposed as part of the validation. Practice partners were invited to join a project planning team and steering group that encompassed academics from all four nursing branches, a final year student nurse and a carer with a particular interest in how carers and patients contribute to nursing curricula and feedback on clinical performance.

Nursing students are assessed against the relevant set of competencies within the four NMC domains in their final placements of year 2 and year 3. Year 2 grading is formative and is intended to allow students to understand how well they are performing in practice and indicate areas where their performance could be developed. Year 3 grading is summative at which time the sign-off mentor awards a grade that would contribute to the overall degree classification (See Figure 1). After reviewing the literature and discussion with practice partners a 6-point grading rubric was developed using a 6-point scale that used letters from C (Acceptable) to A+ (Exceptional). Each point

relates to a mark and once the four domains are graded and an average mark calculated (Table 1). If a student fails a placement they are not graded and are awarded 0%.
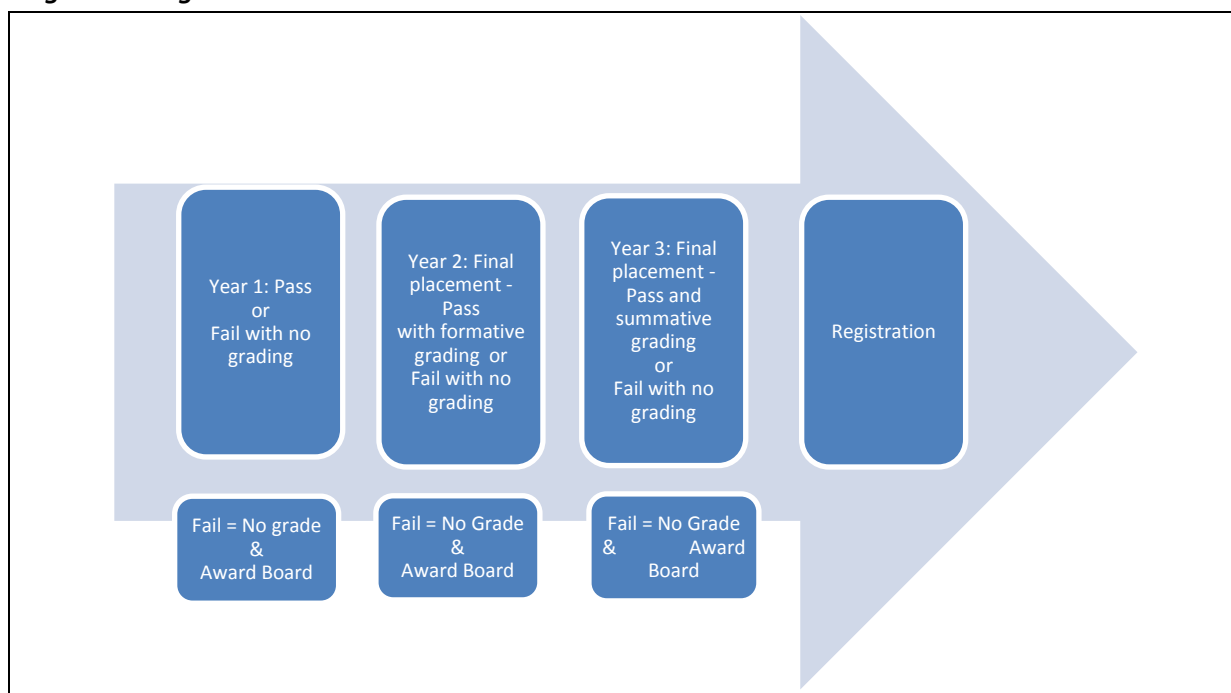
Figure 1: Progression

Year 1: Pass or Fail with no grading

Year 2: Final placement - Pass with formative grading or Fail with no grading

Year 3: Final placement - Pass and summative grading or Fail with no grading

Registration

Fail = No grade & Award Board

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Table 1: Outline grading rubric:

Level	Mark	Definition
C Acceptable	44%	Student demonstrates safe skills and competencies in the practice domain that would be expected at this level of experience and is aware where improvements are required
C+ Satisfactory	51%	Student meets the skills and competencies in the practice domain that meet the standard for this level of experience
B Good	59%	Student clearly demonstrates skills and competencies in the practice domain that meets the standard for this level of experience
B+ Very good	66%	Student demonstrates skills and competencies to a high standard for this level of experience
A Excellent	75%	Student demonstrates skills and competencies to a very high standard for this level of experience
A+ Exceptional	90%	Student demonstrates skills and competencies to an excellent standard for this level of experience

Methods

The pilot project took place through 2014. The proposal was reviewed by the Faculty Research Ethics Committee and permission given from the National Health Service Trusts and Non-Governmental Organisations were students were allocated to approach and recruit staff acting as sign-off mentors.

Sample and Recruitment

Final year students from all branches were recruited. A short presentation was given to students who were in a theory block prior to their final placement; the remaining students were emailed by

practice module leads. Students were given or sent information sheets about grading and the pilot project, this information sheet contained a response slip. The aim was to recruit 12 students, three from each branch and their sign-off mentors. Only those students who had passed all their assignments at that point were recruited; as the grading process would be in addition to their normal assessments. Once students expressed interest further information was given and written informed consent obtained. Eleven students were recruited; four adult nursing students, three childrens nursing students, two learning disability nursing students and two mental health nursing students). The student's own sign-off mentor was approached by project team and they were given information about the project. All the sign-off mentors approached agreed to take part in the pilot project; and gave written informed consent.

Mentor and Student Preparation

Members of the project team delivered educational material to the mentors and students. This consisted of written information, a DVD showing grading interviews and a 'frequently asked question' facility available through an online resource for Mentors provided by the University. The students were supplied with grading feedback forms to be completed at the time of grading. Mentors and students were visited by members of the project team during the placement. Mentors were asked to undertake their normal assessment at mid-point and the end of the placement. If the student passed their placement, mentors were asked to grade the student's practice using six grades ranging from C (Acceptable) to A+ (Exceptional) against the four NMC domains.

Data Collection and Analysis

Data was collected via semi-structured telephone interviews with mentors and students following the grading, the interviews took between 10 and 20 minutes. Eighteen interviews were completed between 2nd June 2014 and 22nd July 2014. Seven student interviews and eight mentor interviews were useable, fully transcribed and analysed. The project team undertook thematic analysis using established qualitative analysis techniques to ensure rigour and transparency; with each team member undertaking an individual analysis and working across the team to agree themes and conclusions.

Alongside this data the grading feedback forms were collated. The written feedback given by the mentors was read through by team members and cross referenced with the actual grades awarded.

The final part of the analysis consisted of a calculation was to whether the mark awarded through grading would impact on both the final degree mark and classification of degree.

Findings

Grading feedback forms

Feedback was variable and much of it was generic and lacked specific rationale for grades awarded. Six mentors gave feedback that reflected the grade awarded; however only one achieved this for each domain. Five gave feedback that did not reflect the grading and two did not use the headings provided.

Awarded marks

Full grades were available for ten students; seven had an improvement in their overall marks and three would have seen their overall mark reduced. There was some evidence that students who do well clinically may improve their degree classification.

Semi-structured interviews

The majority of students and mentors considered grading to be a positive step forward; however one student commented that the pass/fail system was "not too bad a system" and felt grading with a reliance on sign-off mentors and patients opinions "was unfair" (Student Interview 8). Those who felt it was a positive emphasised the impact on students who are less academically able having the opportunity to "to still get a good classification on their clinical work which is so important" (Mentor Interview 1).

The analysis identified five main themes which were shared across student and mentor interviews;

1. Preparation of mentors
2. The placement mid-point review
3. Mentor-student relationships and managing student expectations
4. What constitutes evidence?
5. Time

Preparation of mentors

This was viewed as fundamental by mentors and students. Mentors were given written information and a copy of a prepared DVD that showed a simulated grading interview. The written material was viewed positively:

"Very clear and we found no trouble with it .. we just followed it all and found it very easy to be honest." (Mentor Interview 9)

The DVD was not widely used, many mentors reported not owing DVD players and not realising that they could play it on their home computers. Those that did view it found it helpful and asked that the range of simulated interviews be extended. Visits by project team members were valued:

"I thought it was really well managed .. the [project team member] came in and talked it all through" (Student Interview 1)

Feedback about actual mentor preparation came from one student who outlined potential anxieties among students:

"Will they all go to training sessions? Will they go to updated training – I think it would be good for mentors to have the opportunity to talk through with each other just to see if there is a consistency because I think from a student perspective that's the worrying thing – it does vary which placement which ward you're on." (Student Interview 3)

The placement mid-point review

Not all of the mentors used the grading documentation at the placement mid-point review although most did and found it a useful exercise as students could be directed:

"I did point her in directions where she is and where I would like to get her and what she needs to do." (Mentor Interview 3)

Students too felt that this opportunity to be explicit about their standards of clinical practice at the point-point of their placement was advantageous, even if the process was not in itself undertake by the mentor:

"My mentor hadn't managed to do a mid-point actually on the grading so I kind of did my mid-point grading with [project team member] which I found really useful because we went through my strengths and weaknesses with talking with her if it's done properly in practice it's a brilliant exercise for students." (Student Interview 1)

Mentor-student relationships and managing student expectations

Students and mentors both felt that grading could throw up issues around the professional relationship between student and mentor. There were some differences in how these issues were perceived, mentors were concerned that there could be some impact on grading from students expecting better grades than they wanted to award:

"I think you could get quite a complex mix of pressures. You'd get your own feeling whether you like or dislike someone. The way the student – you know – either overtly or otherwise suggests you might give them better grades." (Mentor Interview 1)

Students meanwhile were concerned that a poor relationship might impact negatively on grades:

"Me and my mentor we had a really nice relationship and she's really nice and I think that could make a difference to the grading maybe. If you weren't as close – I don't know you'd get as good grades" (Student Interview 2).

What constitutes evidence?

There was a sense that some students were passive participants in the grading process:

"I left it down to [my] mentor to grade me – I didn't want to influence her at all – she basically went through it herself and then just decided the grade. We didn't really talk about it." (Student Interview 6)

While other students were creative about how they might demonstrate their competence particularly around aspects of leadership and management. One student working in a critical care environment developed a Mind Map for a shift where they were 'in charge' while a second developed a patient safety poster for the ward. Students are encouraged to obtain patient and carer

feedback and this was used by those who obtained it but in branches such as learning disability this was viewed as more problematic:

"Because none of our residents use words and most of them don't have the capacity to communicate effectively at all" (Mentor Interview 8).

Time

It was clear that time was a factor for sign-off mentors and that students really appreciated how much time it took to be an effective mentor. None of the mentors discussed time but some of the students noted how difficult it was to arrange interviews, so that working with a mentor on night duty was convenient:

"It's quite difficult getting the time during placement during a normal shift so it was quite useful to do it in the middle of the night". (Student Interview 3).

Discussion

This was a limited pilot with a self-selecting group of motivated and high achieving students and their sign-off mentors. Therefore the results are being treated with caution.

The results suggest that a strong front end commitment is necessary to support mentors. The one to one support given by members of the project team was valued by mentors and students; however these meetings would not be sustainable in the long term. Preparation of mentors and students therefore needs not only to include familiarisation with the underlying principles of clinical grading and accompanying paperwork but also to reflect upon what this process means for the relationship between student and mentor, the use of a mid-point interview and how students might provide evidence of their learning and competency. Moderation of clinical grading will be fundamental to this process given student concerns about equity.

Student preparation is more straightforward in that there are opportunities from the start of the programmes to prepare them for clinical grading. Mentors however are less easy to access with some programmes such as learning disability nursing using placements throughout the south-west of England; leaving many mentors geographically isolated.

Implications for nursing and nursing education

Pre-registration nursing education has long been under a public and political spotlight. From discussions about perceived lack of skills on registration (West, 2009) to a belief that well educated nurses would not wish to undertake 'basic nursing care' (Chapman and Martin, 2013). Discussions that gain currency when scandals such as that at the Mid-Staffordshire NHS Foundation Trust (Francis, 2013) and Winterbourne View Hospital (Department of Health, 2012) dominate the public consciousness. Despite evidence that the move to graduate entry to nursing has not led to nurses being less caring (Willis, 2012), and the recent 'Shape of Caring Review report' (Willis, 2015) re-

emphasises the desirability of graduate nurses; there remain perceptions that well qualified nurses may not make the 'best' nurses.

Clinical grading and the evaluation of such grading may contribute evidence to on-going debates about the nature of pre-registration nursing education and the perceived gap between theory and practice. On one hand clinical grading may emphasise the importance placed on nurses' competencies, skills, caring and communication throughout the programme and at registration. However there may also be unease if it is perceived that good degrees are the result of grade inflation resulting from clinical grading (Donaldson and Gray, 2012).

2503 Words

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